Clinical Lecture
ON THE
TREATMENT OF FRACTURES OF THE LEG.

BY JAMES PAGET, F.R.S., D.C.L.,
SURGEON TO ST. BARTHOLOMEW'S HOSPITAL.

(Shorthand Report, revised by the Author.)

(Concluded from p. 280.)

AN essential condition for the good repair of fractures is that, once put up, they should not be moved till the repair is complete; and any apparatus, however ingenious or well designed it may seem, that does not usually fulfil that condition, is a defective one. Immobility of the fragments, perfect rest, and an undisturbed condition of the limb, are the essential conditions to fulfil in the treatment of all fractures. Moreover, by slinging the leg in this way, that condition which stands next in importance is fulfilled—namely, that the broken parts should be kept at rest, and the remainder of the body should be comparatively free to move. The patient's leg is kept completely at rest in the splint; but, being slung in this cradle, he can move the rest of the body, can sit up in bed, and can turn this way or that without any damage being done to the fracture.

But among these cases of fracture of the lower extremity there were some that may now require a more especial notice—some that were complicated. One of these was a case of compound fracture. "Samuel N——, aged seventy-seven years;" and yet, for that age, with considerable strength; for he was, as he described it, "temperate in both things." He seemed to think that there were but two things in life in which men could commit excess, and in both of these he had been all his life quite temperate. "On admission, with fracture of the tibia and fibula, a small wound was seen on the outer side of the leg, caused by the protrusion of the fibula." The fracture was just above the ankle, fairly across both bones, with but little distortion of the limb, but with a piece of the fibula thrust through the integument. "The wound was sealed up with collodion, and twelve hours afterwards carbolic-acid putty was applied. There had been a considerable bruising of the subcutaneous tissues, and the fibula was comminuted."

We will take that part of the case first. Compound fracture, of course, may involve the question whether amputation should be performed or not. There could be no reasonable question in this case. The amount of protrusion of bone and other damage done was not so considerable as to have justified amputation in any person; but in a man of seventy-seven the risks of primary amputation of the leg for injury are so great that it would hardly be possible to have a condition of fracture attended with a greater risk. So that, as a general rule, you would have to look for a case quite beyond and outside the ordinary condition of fractured legs, if you would think of amputating the limb in a person of seventy-seven. Collodion was put on at once, and then carbolic acid applied. You know we are trying the effects of carbolic acid for compound fractures and some other forms of injury, after the manner which has been so strongly recommended by Professor Lister. In this case I would say that the carbolic acid was applied, if not with all the skill that Professor Lister would employ it, yet with more than is ever likely to be generally used in the treatment of fractures; and yet it certainly did no good. I will not say that it did harm; if it did harm, it was rather through my fault in leaving it too long when the wound should have been left open to discharge itself. But, at any rate, carbolic acid, applied here with a considerable amount of care and skill, failed altogether to attain its end; for, three days after the fracture, we observed that the limb was becoming the seat of inflammation of the acutest kind—of the whole of its cellular tissues; more especially, as is commonly the case, of the cellular tissue immediately below the skin. The whole limb became swollen, tense, very hot, and very painful; and there was generally diffused redness of the whole surface of the integument of the leg; and the same condition of things, in a less degree, extended up the thigh towards the groin—hardness, swelling, and œdema. At the same time, the old man had all the signs of very acute fever.

Now, this condition of cellulitis following upon bad compound fractures is not a very rare thing, but in such an extreme degree as ensued in this man it is rare. It commonly subsides after the lapse of a few days, but in this man it went on manifestly to worse consequences—to softening, bogginess, and a tendency to sloughing of the integuments. Observe, it is a condition not peculiar to compound fractures; it is exactly the condition which you have had occasion to see lately in my wards in consequence of ruptured bursæ; and several other cases of ordinary wounds of the hands, during the last three months, have been admitted with precisely the same kind of cellulitis.

This condition, occurring after compound fracture, is also one in which the question of amputation is sometimes raised; but I think I cannot speak too strongly against the practice of amputation so long as this inflammation of the cellular tissue is in its acute condition. Under all circumstances, amputations done for acute disease are less favourable than those which are done for chronic. Another division is still wanting in the tables that are constructed to determine the mortality of amputations. I think I can be sure that if the "amputations for diseases" were divided into amputations for acute disease and amputations for chronic disease, we should find the mortality of the former at least twice as high as the mortality of the latter. This corresponds with what one sees of secondary amputations for compound fracture and for other injuries. Those done for some acute condition are much more perilous than those which are done for some chronic state. Here, as I said, the age of the patient excluded the idea of amputation; but if amputation be done in such a case it should not be done in the acute condition of the cellulitis, except under the most urgent circumstances. The cellulitis should be allowed to take its course, and the stage of suppuration should be fully established before amputation should be done. But the cellulitis is not to be left to take its course unhindered. The treatment which I adopted in this old man is that which I would advise to you—that, namely, of treating the cellulitis as if it had arisen quite independently of fracture, by making incisions into the limb; the same practice as when arising from ruptured bursæ or any ordinary wound. Select as the parts in which to make the incisions those which feel to the touch boggy—those in which the integuments are softened, in which the tissues beneath are beginning to degenerate and soften preparatory to suppuration. In this case I made six or eight incisions through the integuments, down fairly into the subcutaneous tissue. They relieved the patient greatly, and I regret only that I did not make many more. I was hindered by the loss of blood, which in a man of that age it seems important to avoid. No doubt had I made more I should have greatly diminished the extent of slough which ensued. Now, as you see, the acute inflammation has for the most part subsided: that in the thigh has subsided almost entirely; that in the leg itself is very much reduced in amount. The sloughs have almost separated, and there remains a large extent of surface of the skin granulating, and, after its measure, healing. While these things were being done to the limb itself, the patient was put on what may be called an almost unlimited diet; he was allowed to have whatever he liked, and with that he was allowed to have six ounces of wine. Upon this plan the man has retained his strength, has continued cheerful, has a good firm pulse, sleeps pretty well, and has his bowels open every day—a point of great anxiety to him, for to it and his temperance he attributes his having lived to the age of seventy-seven, with a fair measure of health. Now he may be considered to have recovered from all the most urgent consequences of his fracture, and the case presents itself as a struggle between the man's remnant of power, and the necessity of producing an adequate amount of reparative material to provide for the repair of his damage.*

Here is a matter worth stopping a few minutes to consider. What do we mean when we talk of a man having power

* March 2nd.—The case continued to make good progress, and now the fractures feel firmly united, and the healing of the soft parts is nearly complete.

enough to repair an injury? It might reasonably be asked, Why is there any necessity for great power for the repair of an injury? As you watch this man you will see that there will be an almost daily question whether the remnant of his vital power (as we say) will not be exhausted in repairing the damage to his limb. There is nothing of acute inflammation, of acute fever, to waste him; that has passed by. Still it is a question whether he will have power enough to repair his fracture, and the sloughing that has ensued.

We have very imperfect means of ascertaining what amount of force is consumed in the repair of textures. But we do know that there is more force required for development of structures than there is for growth, and more force required for growth than for the ordinary maintenance of the structures; so that a continual expenditure of force is involved in the necessity, not only of maintaining all the tissues of a limb in their natural condition, but much more in that of repairing any damage which that limb has sustained—that is, of producing and organising a sufficient quantity of material for the repair. In this case a large quantity of tissue must be formed for the purposes of the repair, and a large quantity of pus will be produced, and in both these processes there will be a large expenditure of vital force.

I suspect that if the question were asked, why the production of pus is a source of great exhaustion to patients, most of you would be puzzled to answer it. There is nothing in the materials or the chemistry of pus to explain the exhaustion. If you were to measure the quantity of pus which a man produces in the day, and give him the same quantity of milk to assimilate, he would, so far as materials are concerned, be on a nearly exact balance; and yet that amount of nutriment would not compensate for his loss of power in suppuration. I owe it to my house-surgeon, Mr. Butcher, to have suggested to me the real explanation—namely, that it is not the mere loss of material, but the expenditure of force, which exhausts a suppurating man. If pus contained no organised materials, the system might produce the same quantity without exhaustion; but there is a continual expenditure of force in producing and organising the pus-cells, which are the degenerating materials for repair, and in the production of which, doubtless, there is just as much expenditure of force as there would be in the production of so much embryo material of true tissues. This seems to be the explanation of the waste of force which goes on in the process of large repairs; in largely suppurating wounds or abscesses; it is the expenditure of force in the formation of structures however lowly organised.

The other case that I will speak of now is that of the man who passed into the condition of delirium tremens. A drayman, thirty-eight years old, was admitted with fracture of the tibia and fibula. This drayman was one of ten out of the eleven who were drunk upon the boxing-night. The one who was sober has been lost sight of; so we give them all the credit of sobriety, and treat them all alike. But this drayman was manifestly very drunk, and went to the further consequences of it. He was, however, treated like the rest; and for the first five days all went on with him as with the others. He combined the usual diet with a rather larger amount of stimulant than the others had—a pint of porter and four ounces of brandy. Besides that, he was ordered, in addition to the ordinary meat diet of the hospital, a pint of beef-tea; and particular directions were given that his feeding should be looked to. So that he had not only that amount of stimulant, but was carefully and well fed. But on December 30th his appetite began to fail; he was restless at night, and hid his dinner—a fact which I advise you to take careful note of. He was very restless during the next night, and had to be injected with half a grain of morphia. The next day he still refused his food and was very uneasy, and at night delirious, shouting and struggling. Then, although he was fastened with straps, he managed to pluck off his splints, and to thrust his fibula through the skin. The wound was immediately sealed with carbolic-acid putty, and a long splint applied, to which, and to a back splint, the whole limb was firmly bandaged. During that night he took a drachm of the tincture of opium, and more than two grains of morphia were injected under the skin, without any apparent effect. Next day, however, with careful feeding, and the administration of a drachm of laudanum, he was much quieter, and after this he made a rapid recovery. This man was in the habit of drinking from twelve to twenty pints of beer per day.

There are some points in reference to the production of delirium tremens which I want you to look at. The man was not put upon any large quantity of stimulants when he was admitted; but directions were given that he should be well fed; and delirium tremens ensued, not after any diminution of stimulants, but upon the loss of his dinner. He hid his food: feeling for the day no appetite, he thought he might have an appetite by supper-time. Supper-time came, but delirium tremens had set in, and he was too wild to eat. Next day he refused his food absolutely, and was still more restless. The following day he had opiates, and improved; and he improved still more when he began to take food again.

I dare say you are all impressed with the general belief, which is still very prevalent, that delirium tremens depends mainly on abstracting stimulants from a person largely addicted to them. I will not say that it never depends on that; but what is more certain is, that it is much more likely to ensue when a person who is largely addicted to the use of stimulants leaves off food. So long as a man keeps up both the eating and the drinking, he is in little risk of delirium tremens. When either suddenly he leaves off eating and takes to drinking, or when gradually he diminishes his food and increases his drink, he is in the greatest danger of that disease. So that we come to this—which may seem paradoxical and immoral too,—that a man who both eats and drinks too much is in less danger than a man who commits only one of those excesses. The double fault is less mischievous than the single: the eating countervails the harm that would ensue from the drinking. If we look about in society we may see this very plainly. There are still many persons habitually engaged in too great eating and drinking, doing both to excess; and they are in danger of breaking down in various defects of digestion and the consequent disturbances, but they are in no danger of delirium tremens. The people who are in that danger, and show the evil effects of drinking in the most marked form, are they who drink largely and eat little. And in all such cases as this drunken drayman's the risk of delirium tremens is not in diminishing the drink, but in not seeing that the patient takes sufficient food.

The admission of this fact has very much simplified the treatment of delirium tremens; and not simplified it alone, but made it more successful. I can well remember when, twenty-five or thirty years ago, delirium tremens was looked upon as a thing very likely to be fatal. It was treated with large quantities of stimulants and large quantities of opium; and this course of treatment was supposed to be necessary to cure it. Now we do not materially increase the quantity of stimulant when a man becomes the subject of delirium tremens; and we give no excessive doses of laudanum. The thing that we especially look to in these cases is that by any means the patients should be fed—fed by the rectum if they cannot be fed by the stomach.

After the thrusting of his own fibula through his skin, the wound, as I told you, was at once sealed with carbolic-acid putty by Mr. Butcher, and the result has been that no damage has been sustained in consequence of the fracture becoming compound. I am not prepared to say that this was due entirely to the treatment by carbolic acid. The wound made by the fibula was small, and not made with any great force—only the force of so much muscular power as the man could exercise in the broken limb. The wound was immediately closed, and had any ordinary covering been employed instead of the carbolic-acid putty, the result might have been the same.

Of the other fractures which were admitted I should like to point out to you the manner in which one was treated—the fracture of the upper arm. The lad was kept in bed. That is a measure not commonly necessary for the treatment of fractures of the arm; but here the upper part of the shaft of the humerus was so very nearly driven through the integuments—the edge of the bone could be felt with so thin a layer of skin covering it—that the least displacement would have converted it, not only into a compound fracture, but into one of the most serious kind, for it is most probable that the capsule of the shoulder-joint was involved in the injury. Had the bone protruded through the skin, in the acute inflammation which would have been set up the shoulder-joint would have participated, and this would have

complicated the injury very considerably. It was, therefore, necessary that the lad should be in very much more perfect rest than most patients with fracture of the upper extremity need to be.

I adopted in this case the means of extension by a weight and pulley. You have seen this method often employed in fractures of the thigh, and still more often in diseases of the hip and knee joints. It is not commonly employed for fractures of the upper extremity; but is of great value in their treatment when they exist in their worse forms. The straps are fastened to the forearm, and from them a rope is carried over a pulley; and to this rope a weight is attached. The weight in this case was 4 lb.; and by means of this a persistent, steady extension, without any possibility of violence, was kept upon the arm, hour after hour and day after day. The result has been that, very gradually and without any violence, the edge of the bone that was close beneath the skin has been drawn away from it—drawn into its right place; and now, after the lapse of three weeks, there is very fair union of the bone, and the lad gets up with perfect safety. I have adopted this apparatus from a description sent me by an American surgeon, whose name I am ashamed just now to have forgotten, who treats all his fractures of the humerus by the same means, but with such an adjustment that the patient can walk about with his ordinary splint upon the arm.

There is only one other fracture that I must speak of, and that is in an old woman who was admitted with fracture of the thigh. I have been speaking of delirium tremens following fracture; but remember that it is not every patient who becomes delirious, or even mad, after a fracture, who has delirium tremens. Rarely, and yet often enough to keep you on the alert, a patient becomes simply insane after an injury. Just as, after parturition, a patient with any tendency, inherited or otherwise, to insanity, may pass into a condition of puerperal mania, so, but more rarely, after an injury or an operation, a patient becomes maniacal, simply insane. This patient was an old woman of seventy-five or seventy-six, who was admitted with a fracture of the neck of the thigh-bone, and was treated after the ordinary manner. Two or three days after admission she became excited and strange in her manner, and, to be brief, in a day or two more it was perfectly manifest that she was insane; talking, foolish, excited, wakeful, but with none of the ordinary characteristics of delirium tremens. But her insanity was acute enough to produce that exhaustion which is so likely to occur in insane very old persons; and with this condition of mere insanity added to her fracture, she died.

THE EARTH-CLOSET SYSTEM.

By GEORGE ROLLESTON, M.D., F.R.S.,
LINACRE PROFESSOR OF ANATOMY AND PHYSIOLOGY, OXFORD.

I VENTURE to think that Von Pettenkofer's opinion of the earth-closet system may be worthy the attention of the readers of THE LANCET at the present moment. It may be found to the following effect in the "Zeitschrift für Biologie," 1867, bd. iii., hft. ii. & iii., p. 298:—"As to salubrity, I not only do not look forward to any gain as being likely to arise from disinfection with earth and peat, but, on the other hand, I fear the greatest danger from it, especially as regards cholera. If it is, as it is now pretty generally believed to be, actually the fact that the porosity of the soil and its impregnation with excreta do, at all events at particular seasons, bring about a local disposition for cholera, and that the immunity from cholera which a rocky soil enjoys depends upon the circumstance that such soils cannot be so impregnated, I cannot see my way towards recommending the disinfection of privies with earth and peat." Now, I apprehend that it will be allowed that the same line of reasoning will apply to the localisation and diffusion of typhoid fever. And I would add that certain observations which I made recently in a fever-stricken village, with the aid of the light which Dr. Budd's and Dr. T. K. Chambers's writings had given me, have induced me to think that of the two recognised foci for infection—the bespattered privy and the contaminated well,—the former may be the one which is more commonly at work. For though it is said that the larger proportion of women and children-sufferers points to the water, of which they are said to drink more, being the cause at work, the facts are, not that the women and children drink more water in tea &c. than the men, but that they get less beer; whilst many of the men in our semi-savage villages never use a privy at all, or at least not habitually. This last is the true differentiating condition. What applies, however, to the woodwork and contents of a privy applies to the like elements in the constitution of the earth-closet, so far as disinfection or the want of disinfection is concerned. And if I am told that the earth-closet is inoffensive, and that the privy is fetid, I answer that a rattlesnake is none the less dangerous because its rattle is removed; and that, for anything shown or known to the contrary, odour is to infection, deodorisation to disinfection, what the noise of the serpent is to its bite.

I believe now, as I said some years ago in an article in the *Quarterly Journal of Science* for April, 1866, page 189, that some modification of the latrine system, securing all the advantages and avoiding all the dangers of the water-closet system proper, may be contrived for, and safely entrusted to, even the poorest and most careless of our populations. Upon this point Liebig's opinion will be of interest, and the more so, perhaps, inasmuch as, with a curious neglect of accuracy, the illustrious chemist is often alleged to be an opponent of systems for the removal of sewage by the cheapest mode of carriage—namely, that by suspension in water. His real opinion may be found in a letter addressed to Dr. Varrentrap, May 1, 1866, and published by that writer in his very valuable work, "Ueber Werth oder Unwerth der Wasserclosette," p. 178, Berlin, 1868. Baron Liebig, after stating that he agrees with Mr. Lindley's plans for the drainage of Frankfort in all essential points, says, "I am of opinion that of the present means for the removal of sewage, the one which is based upon a water-supply, distributed at the rate of six cubic feet (about thirty-six gallons) per head, is the safest and cheapest method for the removal of all impurity both of house and of street water.....For the purposes of agriculture it is of particular importance that the contents of the sewers should not be conducted into the sewers, but should be used for manuring."

Since writing the above, I have performed each of the following five experiments several times:—

1. Having added to five drops of liquor ammoniæ (London Pharm.) 100 cubic centimetres of distilled water, I connected the glass jar containing this solution with an aspirator, between which and the jar some of Nessler's reagent for the detection of ammonia was placed in a tube with several bulbs. A Woulff's bottle, containing sulphuric acid, was adapted to the distal side of the jar, so as to secure the passing of the aspirated air through the acid. Very shortly after the commencement of aspiration the test fluid became yellow and turbid, and finally threw down a very abundant red precipitate.

2. The same quantity of solution of ammonia having been poured into a jar of the same size as the one employed in experiment No. 1, dried earth was poured into the jar up to about the level which the 100 cubic centimetres of water occupied in the other jar. The jar having been similarly connected on either side, and aspirated, Nessler's reagent became turbid and yellowish, but gave no very distinct precipitate, and none at all of a red colour.

3. Ashes from a coal fire having been substituted for the dried earth of experiment No. 2, this experiment was again tried, with the result of the formation of scarcely any precipitate in the bulbs containing Nessler's reagent.

4 and 5. These experiments consisted in repeating experiments Nos. 2 and 3 severally, with the addition to the earth and ashes respectively of as much water as the jars would receive into the space already partially filled with the solid substances specified. In each case a large quantity of yellowish-red precipitate was formed in the test fluid upon aspiration. The precipitate was much less dense and abundant than that produced in experiment No. 1, and took a much longer aspiration before it was formed. It was formed much more rapidly by the air aspirated from the wetted earth than by that from the wetted ashes.

It will be asked, Do not these experiments show that ashes and earth are, each of them in their respective order, superior to water for use in closets? I think not; for,

firstly, it is not certain now that ammonia is the cause, or a necessary co-efficient of the cause, of miasma, any more than it was proved formerly by Daniell that hydro-sulphuric acid was the cause of malaria. Secondly, there is much reason to believe that it is precisely when the earth receives choleraic and typhoid evacuations, and should, *ex hypothesi*, disinfect them, that they become most deadly. (See Pettenkofer, Zeitschrift für Biologie, 1865, p. 357, *et passim*; Liebetmeister, Deutschen Klinik, Feb. 17, 1866; Varrentrap, loc. cit., p. 101; Parkes's Hygiene, pp. 254, 593 ed. i.) The healthiness of Alexander's armies has been ascribed to his practice of frequently changing his camping ground, and army surgeons nowadays recommend the like practice, or disinfect the ground itself, as the French did in the Crimea. Thirdly, these experiments show very plainly how seriously wetting impairs the power which earth and ashes have of retaining gases in their pores; and this, which the *rationale* of their operation, as ordinarily taught, would have led us to anticipate, has been practically confirmed by Dr. Mouatt's actual experience of the working of earth-closets in India. (See Report on Gaols of Lower Provinces, p. 144, 1868.) Now "slops," or fluid refuse of all kinds, must be got rid of somehow and some way; and either they are thrown upon the earth or ash "conservancy," where it exists, and, producing the physico-chemical solecism to which I have alluded, they reproduce the horrid Manchester "middens," (*q.v.*, or, by preference, Mr. George Greaves's account of them in the *Quarterly Journal of Science*), or they have a system of sewers to receive them, along which the solid matters, little if indeed at all less noxious than they, might just as well pass too. Fourthly, the double journey, in and out of town, which earth must go through, is a great drawback upon the merits which it may possess; whilst the fact that coals do come into our towns as it is may tempt us to advocate the employment of the ashes they are converted into for the purposes in question. In the house of the rich man, where the bodies producing refuse are not very greatly out of proportion, or, possibly enough, only equal in number to the fires producing ashes, and where a separate system for liquid refuse is but a trifling item in the expense of house-building, an ash "conservancy" is a possibility. But the quantitative considerations, to which I have just alluded, show *à priori* that it is as inapplicable in theory to the needs of a poor population as, I believe, actual trial of it on the large scale has shown, and always will show, it to be in fact.

Oxford, March 2nd, 1869.

ON SOME OF THE FUNCTIONS OF THE MIDDLE AND INTERNAL EAR: AND THEIR ANALOGIES.

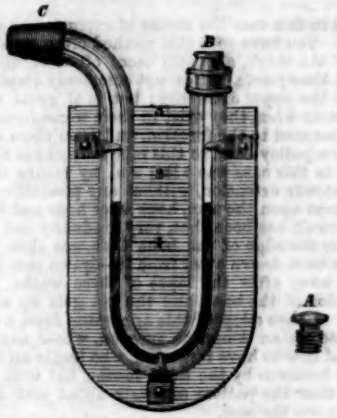
BY PETER ALLEN, M.D., F.R.C.S. EDIN.

(*Continued from page 189.*)

THE atmospheric changes occurring in the tympanum are detected by the manometer, also,

3. *In the Valsalva method of inflation*, described on page 10. Air is forced into the tympanum in such excessive quantity as to overcome the muscles of the tube and the elastic resistance of the membrane, and to blow the latter outwards. The Eustachian tube muscles return to rest, and the air becomes imprisoned. Here *condensation* of the tympanic air is decidedly shown by the rising of the fluid in the manometer to a certain point. That the air confined in the drum is then released by swallowing, yawning, or other suitable action of the tube muscles, is equally well demonstrated by the retrocession of the manometrical fluid to the point at which it stood immediately before the experiment.

The movements of the membrana tympani in certain morbid conditions, when a pressure of air is exerted against its internal surface, become of diagnostic value, in proportion as we understand correctly the signs which may then be observed. To instance an affection of not unfrequent occurrence, in which persons who have suffered from long-continued catarrhal deafness effect a temporary improvement in their hearing by violently blowing the nose. Here we may, by the manometer, detect a collapsed or relaxed condition of the membrana tympani, when quite unable to do so by inspection. This instrument will prove the motion-



TYMPANO-MANOMETER (ALLEN'S).

A screws down air-tight upon *B* to prevent disturbance of the coloured fluid when the manometer is carried in the pocket. *C* represents a piece of india-rubber tubing to fit air-tight in the meatus. The instrument can be reversed on its graduated boxwood scale, so as to be applied to either ear. (Made by Weiss and Son.)

capacity of the membrane to have become considerably increased, particularly in its excursions outwards, thus indicating that its natural elasticity has been weakened, and its vibratility impaired; its functions being, from these causes, restricted to the reception and conveyance of loud sounds only. As an example of the important aid derived from this new method of investigating and diagnosing aural disease, I will mention that this day, when I write, a most successful case has presented itself in my practice, in which membranes collapsed and fallen in on both sides have been made to return to their natural position, the hearing distance of the watch increased from two inches to five feet, and a whispering conversation easily maintained. For the sake of brevity I particularise no symptoms that do not bear upon the point in question. The patient, a child seven years of age, has a cleft soft palate, and had such contraction of the walls of the right meatus as to reduce the passage to a mere slit, and render inspection of the membrana tympani impossible. The manometer, however, indicated its state and position. The left meatus was less contracted, but she was quite as deaf on that side; showing that the condition of the external parts was not the cause of deafness, but rather a thickened and congested state of the mucous internal linings, and perhaps adhesions between the membrana tympani and contents of the tympanum—a morbid condition, in fact, kindred to that observable on the faucial and pharyngeal mucous membrane. After five visits, and with the help of Siegler's pneumatic speculum, I succeeded in breaking down the adhesions and restoring hearing, as well as in effecting, by other means, dilatation of the contracted meatus, and bringing the fauces and palate into a healthier state in readiness for Mr. Sercombe's professional assistance.

On sound-conduction.—It need scarcely be said that the sonorous undulations which enter the meatus impinge upon the stretched membrane of the drum, and set it vibrating. These vibrations are communicated in part to the air in the tympanum, and in part to the chain of ossicles. It will be convenient now to allude to the first of these modes of transmission, inasmuch as I consider that the air in the cavity of the tympanum is the chief means whereby the vibrations, especially the finer and more delicate waves, are propagated to the labyrinthine fluid. Moreover, the tympanic air is an auxiliary to sound-conduction by the ossicles, since it insulates their chain, and so conduces to very free oscillation.

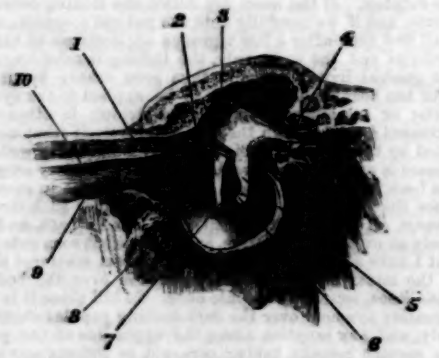
In reviewing the several functions of the tympanum briefly referred to in the foregoing papers, I became strongly impressed with the idea that the constantly vary-

ing atmospheric condition of the chamber must require to be carefully regulated and governed by a process which could only be effectuated by the nervous system. It appeared to me to be a fundamental necessity that the air in the tympanum should be properly adjusted; otherwise we could hear but imperfectly, and should be deaf to certain sounds.

We have seen that excessive rarefaction, or condensation, will both give rise to the same feeling,* that of *fulness*, more or less painful in character, according as the membrane is stretched strongly inwards or outwards; and if we judge by the *sensation* alone, we may, like Mr. Toynbee and others, fail to discriminate between the effects produced by distension of the drum (condensation) and emptiness (rarefaction); pain and deafness existing in both instances.

In the remarkable nerve, the *chorda tympani*, is found, I believe, an unerring index of the varying atmospheric changes going on within the drum. It is, in fact, so to speak, a nervo-manometer: it indicates the pressure to which it is subjected by either of the influences presently to be mentioned, and indirectly governs the admission or expulsion of air to or from the chamber, with wonderful precision.

In opening this new ground of physiological inquiry, I would beg to recall to my readers the anatomical relations of the chorda to the tympanum and its contents (fig. 2 in the subjoined engraving). We must regard this nerve



External wall of the cavity of the tympanum, seen from its internal face. The Eustachian tube and canal for the tensor tympani muscle are laid open. 1. Tensor tympani, with its tendon inserted into the manubrium of the malleus. 2. Chorda tympani nerve. 3. Head of the malleus. 4 & 5. Short and long processes of the incus. 6. Lenticular process of the incus. 7. Extremity of the manubrium of the malleus. 8. Membrana tympani. 9. Eustachian tube. 10. Upper wall of Eustachian tube. (After Henle.)

as a branch of the facial, not of the fifth, but composed of both. Before its junction with the lingual, there are communications with other nerves and with ganglia, and anastomoses with the sympathetic. It is, therefore, a nerve endowed with very compound functions — motor, partly sensory, ganglionic, and governing the secretion of the submaxillary and, in some degree, of the sublingual and parotid glands. The course—constant, but tortuous, and very indirect to the structures in which its filaments are ultimately distributed — is significant. From its canal of entrance to its canal of exit, it passes between the upper part of the manubrium of the malleus and long crus of the incus, and, being in close apposition to the processus gracilis, is bound down to it by the lining mucous membrane of the tympanum. The arches of the palate, the uvula, and the fauces, are by its means brought under the motor influence of the facial nerve.†

Now, excitation of the chorda tympani will not only cause contraction of some of the muscles which open the Eustachian tube, but will also, according to Bernard and other physiologists, stimulate the glands to which its filaments are distributed to an increased flow of saliva. A small quantity of the salivary secretion applied to the fauces will cause us to swallow. By swallowing we open the Eustachian tubes, and restore equilibrium between the external and the tympanic air. The same result may be obtained by contracting the palate muscles, which I find the readiest way. Given, a sufficient stimulus to the chorda tympani itself, and the changes just specified will immediately supervene. The question now occurs, What amount or kind of stimulus can excite the chorda tympani to action? I believe that the functions of the nerve may be developed in two ways, both being by physical pressure, but differently applied—1st, by pressure of air which is not very sudden or severe in its operation, and is therefore more likely to induce secretion from the salivary glands; 2ndly, by strong, quick, energetic pressure, almost a blow, from the bone with which it lies in contact, therefore more likely to cause muscular contraction. An example of the first kind is presented when the air within the tympanum becomes excessive. By its pressure on the chorda tympani, it will supply the requisite stimulus, and cause its own expulsion, by the consecutive and associated movements before referred to. An example of the second kind is shown when there is an insufficiency of air within the tympanum, or when a greater density of external air has driven the membrane inwards. The needful impulse will then be given to the nerve by the pressure, more or less suddenly applied, of the processus gracilis, as it turns on its axis during tension of the membrane. Thus by a combination of automatic or involuntary acts, *adjustment* of the tympanic air is brought about. Comparative anatomy furnishes an interesting analogy to this arrangement. In birds the tympanum is comparatively large, the membrane convex, and there is a single Eustachian tube, which is membranous, and the two osseous tubes open into it. The common membranous tube is situated between the internal pterygoid muscles, to the surfaces of which it is adherent. By the action of these muscles the walls of the tube are separated, and a communication is made between the tympanic cavity and the pharynx. The chorda tympani nerve, it must be remembered, joins the gustatory at an angle close to the pterygoids.

While the drawing of the tensor tympani muscle lying in its canal is before us (Fig. 1), I wish, as cursorily as possible, to notice one or two anatomical particulars which may lead to a more precise knowledge of its functions, and, perhaps, more truly explain certain physical actions taking place in the tympanic cavity which physiology has hitherto not succeeded in doing to my satisfaction. What becomes of the air in the tympanum during sudden forcible tension of its membrane by the contraction of this muscle of the malleus when excited by the expectation of a loud sound? We find the explanation in the anatomical arrangement of the fibres of the muscle.*

As the result of careful dissection, and cautious tracing of the fibres of the tensor tympani, I must object to the description which is usually given in anatomical works, and I shall, as generally sanctioned, employ the term "origin" to denote its fixed attachment, and insertion the movable one. I am, moreover, of opinion that some of the fleshy fibres of this tensor muscle have been erroneously considered as appertaining to another muscle (the *laxator* tympani), in the existence of which I do not believe. The tensor tympani, then, *arises* from the spinous process of the sphenoid, from the adjoining inner surface behind the foramen spinosum, from the inner angle of the petrous portion of the temporal bone, and from the walls of the osteo-fibrous canal (processus cochleariformis). The long, tapering fleshy fibres lying in this canal, which serves as their sheath, proceed upwards, backwards, and outwards, and end in a round tendon, which winds directly outwards round the margin of the canal, as through a pulley, to be *inserted* into the upper part of the manubrium of the malleus, just below the commencement of the processus gracilis. The lower, internal, and shorter muscular fibres converge, and are firmly *inserted* into the upper surface of the Eustachian tube, where the thinner membranous part joins the osseous. These fibres, acting, will draw the upper and inner wall of the tube apart from the opposite wall, and thus create a diverticulum or pouch, into which the tympanic air recedes when the membrana

* See remarks on p. 118.

† Dr. Todd, in his Cyclopædia of Anatomy and Physiology, art. Hearing, says: "It is impossible, in the present state of our knowledge, to say what is the office of the chorda tympani, or whether it has any office in connexion with hearing; but we may easily conceive that, from its connexion with the facial, an irritation of it may excite that nerve." The functions of the Eustachian tube were not then understood.

* The terms "origin" and "insertion," relating to muscles, are often applied so arbitrarily as to lead us into error in assigning their action.

tympani is drawn inwards by the tendon during contraction of the other fibres in their canal. The tensor tympani receives its nervous supply from the otic ganglion, which comes from the motor root of the inferior maxillary of the fifth, and may be influenced by reflex action.

If the membrana tympani is not rendered tense, and the muscles prepared, in expectation of a very loud sound, the former may be ruptured, or the auditory nerve suffer dangerous concussion, by the stapes being driven in upon the labyrinthine fluid. Sailors and artillerymen have been rendered more or less permanently deaf by the unexpected firing of a big gun close to them. I will just allude to one sad but interesting case which came under my notice and treatment while acting as assistant-surgeon to the 56th Regiment in the Crimea. One of the senior lieutenants (and a handsome, gallant officer he was, too), a few nights before the last assault on the Redan, was in command of a working party engaged in making the most advanced sap, when a shell from the enemy exploded close by—in fact, on a man's back as he lay prostrate, killing him and a comrade. Lieut. P. sprang high in the air with a loud shriek, and fell stunned: his uniform was rent to shreds, and his skin covered with powder. The only serious bodily injury was rupture of the membrana tympani in both ears. Much inflammation ensued, with suppuration and loss of structure, and he was invalided home.

(To be continued.)

A NOTE

ON THE USE OF SULPHUR IN ITCH.

BY TILBURY FOX, M.D. LOND.,

PHYSICIAN TO THE SKIN DEPARTMENT, CHARING-CROSS HOSPITAL.

I AM sometimes tempted to think that it would be well if sulphur were altogether expunged from the list of remedies available for the treatment of diseases of the skin. This does not arise in any degree, however, from my being in the least infected with the fashionable scepticism of the present day, which sees almost no virtue in drugs,—for indeed I avow myself a firm believer in their power, when properly used, over disease, and always give them with a reason, and therefore with confidence,—but by the fact that not a week passes but I see, both in hospital and in private practice, that sulphur is much misused, producing evil instead of good, both for patient and doctor. And this is especially the case in scabies. Sulphur is a remedy which can do a great deal of good and a great deal of harm. That I may prevent some of the latter, I again call attention to one or two therapeutical points of practical importance touching the cure of itch, which by reason of its very commonness is apt to have a stereotyped treatment. Now scabies is usually treated as though all the eruptive phenomena seen in the body of a scabious subject were really "scabies;" that is, as though there were some parasite to destroy wherever a rash exists, and acari were present in or immediately about the papules and vesicles of which the eruption in different parts of the body is composed. The fact is, that in the early stage of itch the acari are almost entirely confined, if not absolutely, to the hands in adults, and to the region of the buttocks and feet in children. In chronic scabies, or in disease derived from contact with a person affected with chronic scabies, acari are no doubt present elsewhere, and in parts other than the hands. But in the general run of cases the essential seat of scabies is the interdigits and the wrist. The mass of the eruption about the arms and the body is secondary to the irritation induced by the acari about the hands, and if the acari there be destroyed, the "sympathetic" eruption, if not artificially aggravated, vanishes. Sulphur is the best remedy for the destruction of the itch insect; therefore it should be used (I speak of the majority of cases) to the hands where the acari are; and as it is an irritant to inflamed parts, it should not be hazardously applied to the parts where the secondary eruption exists, for it can serve no other purpose than that of increasing the eruption; and even applied to the apparently sound though irritable skin of a scabious patient, it will induce eruption. Then much of the eruption is the result of scratching the skin to relieve the irritation, its character depending upon the state of health of the patient.

Well, these are very simple truths. But they really require to be repeated over and over again, because the practice of many is to apply sulphur ointment, in a patient affected with itch, to every part that itches; or, indeed, as in the case where the sulphur bath is used, to the whole body. This is a mode of treatment from which I entirely dissent. The specific remedy should be used to the hands as freely as possible, and there only, in the vast majority of cases. There is another point of importance. As sulphur is a stimulant, and if freely used an irritant, of course it is desirable to employ it in the least possible amount, but of course such as suffices to effectually kill the acari. I am sure the ordinary sulphur ointment is much too strong. Usually it contains one part in five. I think one in sixteen (half a drachm to the ounce) is sufficient if combined with the ingredients to be presently noticed. The use of the old sulphur and hellebore ointment should be utterly rejected. Before using sulphur it is well to wash the hands with soap. Then another important consideration is the length of time during which it should be used. Very many practitioners continue the sulphur treatment long after this is at all necessary. They are misled by the continuance of the itching, which they take to mean the continuance of the disease, whereas it is sometimes the result of the action of the sulphur. If the acari are killed the itching ceases, of course, and if we carefully note the patient's condition, we shall find that after a few vigorous applications to the interdigits and the wrist only, the itching is subsiding, and the general irritation would then soon cease; but if sulphur has been, and continues to be, applied to the sympathetic or secondary eruption, the itching is often only increased; and though the true scabies itself (that constituted by the acari in their burrows) is in reality well, the disease is apparently worse, because the secondary eruption has been intensified. Leave off, as I have done in scores of cases that have fallen into my hands, under such circumstances, all sulphur treatment, give a bran bath, and use freely an oxide-of-zinc lotion, and the patient soon gets well. But I have said that there are a few acari scattered about in the midst of the secondary eruption over the body in some cases, especially chronic ones. To kill these it is only necessary to smear over the dark-looking papules about the body, and any eruption along the upper line of the penis, the specific remedy, taking care not to irritate any parts that are "weeping" or "oozing."

These observations relative to the unnecessary irritation of secondary eruptions, apply with special force to the case of children.

I may sum up, then, by saying that in treating scabies we should use the specific remedy in recent cases as freely as we like to the interdigits and wrists *only*, and apply *soothing remedies to the general surface*; that the sulphur should be in small quantity, and that sulphur baths should be discarded. I employ half a drachm to an ounce of lard, with three drops of creasote, and five grains of ammonio-chloride of mercury, a little olive oil, and a drop or two of essential oil. In chronic itch, however, this form of specific remedy may be applied to all eruptions of discrete character. I prefer the three days' treatment of scabies, keeping on the same linen, and then having a thorough cleansing with soap and a clean change. Less after-consequences follow this than more heroic and rapid modes of cure.

I may just say in regard to skin diseases, generally, that sulphur is only admissible in chronic cases where there is an absence of active inflammatory action. We find it said in books that it is good for eczema, psoriasis, acne, erythema, and other diseases. Well, not in the acute or active stage. It does harm. When diseases have become indolent, and the skin needs to be stimulated, then sulphur is of use, and I think then only. I have seen on many faces and many skins a dirty, rough, and slightly reddened surface, difficult of cure, produced by the use of sulphur, very much to the annoyance of patients. Stimulation is constantly effected where soothing is required. The matter is a simple one, as I have said, but important for all that to practitioners.

Sackville-street, Piccadilly, W., March, 1869.

ON

A NEW OPERATION FOR CANCER OF THE BREAST.

BY RICHARD SWEETING, M.D., M.R.C.S.E.

THE ordinary operation for cancer of the breast is so unfortunate that many good surgeons reprobate it altogether. The disease so generally returns that some of our authorities approve of operating on account of the interval of ease between the time of the operation and the period of return; estimating that, whether you operate or not, your patient will die at about the same future period of from six to eighteen months. If you do not remove the breast, she suffers all the time. If you do remove the breast, she has the luxury of some six or eight months' ease; then the cancer returns, and advances very rapidly.

Occasionally you make a very good case, and the cancer does not return. Paget says it generally returns in six months; but that the patient may be considered safe in those very rare cases in which the scar left by operation is soft and sound after fourteen months. This result is so rare that many experienced hospital surgeons have never seen it. Such is the result after the usual operation for scirrhous mamma.

If the disease returns so frequently why not cut deeper? You come on the fascia of the pectoralis major; your patient can do well without it. All return of purely local cancer must depend on amorphous cancer-cells not removed by previous operations; and as it begins in this fascia, how strange it is that nobody removes it. We can hardly admit that cancer-cells can lie only on the fascia without imbedding themselves in the lower part of the pectoralis major, which is certainly not a vital organ that can be safely removed. The lower two-thirds of the muscle is more than occupied by the base of a large cancer. So much being lost from the muscle, its action is adequate for all ordinary purposes for which muscular action is used by the invalid matrons who are generally the victims of cancer. Such an operation should be preliminated by the usual incisions over the breast; but they should remove a much larger portion of skin, so that a very little subcutaneous incision shall lay bare the edge of the pectoralis major towards the axilla and its attachments towards the sternum. *Instead, therefore, of removing the breast from the fascia, the proposal is to remove the lower two-thirds of the pectoralis major, and all that is above it except a portion of the skin.* The surgical anatomist can readily see that you do not by these incisions add to the danger of the operation.

My object in sending this paper to THE LANCET is to say that I have operated in this way in three different cases, and with permanent success in each case.

CASE 1.—Mrs. C——, aged fifty-nine, a sickly, delicate woman, was operated on about six years ago. She bore the operation well, and the wound healed readily. She died of bronchitis two years and one month after the operation. There was not the slightest trace of the return of cancer.

CASE 2.—Mrs. R——, aged fifty-four. In this case, also, we had the best possible results. The cancer had not returned after two years and seven months, when I saw her last.

In the third case the cancer was removed by this mode of operating in September, 1868. The patient has done well, the wound having healed without a trace of cancerous induration, and I think it safe from a return of the disease.

In all these cases the hæmorrhage was very slight. It is fair to say that we have thus, in the only cases treated on this plan, no return of this terrible malady. We must not be too sanguine, the number being very small; but it is more promising to have three good cases out of only three operations than to operate on the old plan on hundreds of cases without one good result beyond a few months' ease. Some of our hospital surgeons may think the plan deserves a more extended trial. When we recall what we have all seen of this dreadful disease, it is only human charity to hope that we have not done all that can be done.

We are told "that it would be madness and inconsistency to suppose that things which have never yet been done can be performed without employing some hitherto untried means." We have never yet in any other way operated for cancer of the breast with a reasonable prospect of its not returning. The senior surgeon of a county hospital was present and assisted in one of these operations, and when it was over said most emphatically, "That will never return." I have it from good authority that no case can be named of permanent success in the cases turned out from this very hospital, although its surgeons are very able men. Let us hope that "what is worst in regard to the past may appear more consolatory for the future." ("Novum Organum," Bk. I., xciv.) It would be indecorous to the present logical merits of surgical science, and would imply a hope too strong to be reasonable, if I were to quote the rest of the paragraph. But, after all, the ounce of mother wit may more than equipoise the pound of College; for if a purely localised cancer is to be cured by incisions, and is sure to return if not completely removed, then we are more likely to succeed in proportion as our incisions are as deep and as extensive as is consistent with the patient's safety.

Stratford, February, 1869.

ON THE

ADMINISTRATION OF HYPOSULPHITE OF SODA IN AGUE AND TYPHOID FEVER.

BY T. F. SANGER, M.R.C.S.,
SURGEON TO THE CONVALESCENT HOSPITAL, SEAFORD.

THE theory of the cause of ague and typhoid fever being due to the germs of a fungus having entered the system appears to me to be proved by the following cases.

In the spring of 1868, I had a very intractable case of ague in a boy eleven years of age, which resisted all the remedies usually employed in the treatment of that disease, these being given until the boy said his stomach could not bear any more. Following out the fungus theory, I gave the patient a scruple of the hyposulphite of soda three times a day, which in a very few days got rid of the ague, and he has never had it since.

In the autumn, three sisters and the mother of the lad became the victims of a very bad tertian ague, which resisted the administration of emetics, quinine, bebeerine, and arsenical solution, but gave way to a very few doses of the hyposulphite of soda.

I have since tried the hyposulphite in a few cases of typhoid fever, and with beneficial results similar to those attributed to the sulphurous acid by Mr. Robert Hamilton in a paper on Typhoid Fever in THE LANCET of Jan. 9th.

The hyposulphite of soda I administer in doses of from fifteen to thirty grains three or four times a day (according to the ages of the patients), in water, with syrup of lemons or tolu. It does not produce any nausea or relax the bowels.

I mean to administer the hyposulphite of soda in large and frequent doses to the next patient I have with diphtheria, and anticipate similar favourable results.

Alfriston, Seaford, Jan. 24th, 1869.

BROMIDE OF POTASSIUM IN EPILEPSY — FATAL EFFECTS OF TARTAR EMETIC.—The last number of the Reports of the Medico-Chirurgical Society of Bordeaux states that an epileptic woman, who took for one year bromide of potassium, in doses varying from thirty grains to an ounce per diem, at last fell a victim to the debilitating effects of this salt, and died in a state of prostration. The same paper mentions a case in which three-fourths of a grain of tartarised antimony, given in three tumblers of water, produced severe sickness, weakness of pulse, hiccup, gradual sinking, and death in thirty-six hours. M. Chereau, who mentions the case in *L'Union Médicale* of Jan. 21st, gives neither the age nor the sex of the patient.

GLASGOW MEDICAL ASSOCIATION.—The annual meeting for the election of office-bearers was held at the Waverley Hotel, on the 11th ult., when the following appointments were made:—President: John Reid. Vice-president: John Dougan. Secretaries: George McGregor, M.D., J. B. Hislop. Treasurer: R. Grieve.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

"Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Prooemium.

CHARING-CROSS HOSPITAL.

CASE OF EXCISION OF THE SHOULDER-JOINT.

(Under the care of Mr. BARWELL.)

THE boy whose case is here related was seen on the 29th January last. His arm was then quite well, and its movements not much restricted. To the following history of the case we add some remarks made by Mr. Barwell *apropos* of the operation.

Thos. M——, aged two years, was sent to Mr. Barwell by Dr. Cope, of Croydon, on the 30th March, 1868. When the child was about ten months old he, in falling, hurt the right shoulder, which remained painful, and after a short time became swollen. An abscess was opened eight months since; but, not healing, he was sent to the hospital. The boy, at the time, kept the arm close to his side, and was very unwilling that it should be moved. The shoulder was swollen, but below the deltoid the arm was emaciated. A sinus mouth opened in the axilla, another on the humeral side of the groove between the shoulder and chest, near the border of the pectoral muscle. A probe passed into the latter took a direction towards the shoulder-joint, and at the bottom bare and carious bone was evident.

On the 18th of April, Mr. Barwell excised the head of the bone through a simple straight incision outside and a little in front of the joint. This incision having been carried through the muscle, a small blunt hook was passed into the depth of the wound at its upper angle, and carried down, pressed close to the capsule, to the lower angle, and there held by an assistant. The arm was then rotated outward and inward, the deep muscles divided, and the bone easily dislocated and brought out of the wound. Its head was a good deal diminished in size, and altered in shape, by caries; it was of a purplish-red hue, and soft. No saw was used, but the epiphysal junction was cut through with the knife, and the remaining part found healthy. The bone and soft parts being replaced, the wound was closed, save an opening below, in which a thin strip of lint was allowed to remain, the arm being bound to the side.

During the next few days some swelling took place, but the boy suffered little or no pain.

On April 28th, the arm was to be fastened very loosely; passive movement.

May 18th.—The boy could move the arm, and separate it somewhat from the side. The opening in the axilla has closed; the other remains open.

August 9th.—The boy was kept in simply that all external wounds might be healed. He went out to-day, with very fair use of the arm.

Jan. 29th, 1869.—His arm was quite well, and the movements not much restricted.

About the method of operation, Mr. Barwell made at the time these remarks: "I have, in the cases in which I have removed the shoulder-joint, gained sufficient room by the simple incision. It must, however, be commenced, not at the tip of the acromion, but on its upper surface. The use of the blunt hook is to save the circumflex nerve, which lies round the neck of the bone, and is very slightly attached to the capsule and periosteum by loose cellular tissue. (The subsequent use of the arm would seem to show that the device fulfilled its object.) In dividing the scapular muscles, I cut the subscapular upwards. At the top of the joint I turn the edge backwards; and, while the arm is being rotated inwards, cut in the backward direction along the margin of the cotyloid ligament. Then the knife is again turned, so that the edge looks downwards, and the other muscles are divided in that direction. Thus a large opening, like a letter u upside down, is made in the capsule, and this is advantageous at the time and subsequently. Whenever the head of the bone is carious—i. e., whenever it may be justifiably removed,—the long head of the biceps, in crossing the joint, has been absorbed, and the rest has become attached to the bicipital groove lower down."

CLINICAL RECORDS.

AMPUTATION OF THIGH FOR DISEASE OF THE KNEE-JOINT, WITH EXTENSIVE SUPPURATION AMONG THE ADJACENT MUSCLES.

WE saw Mr. Callender amputate the thigh of a girl five years old on Saturday last, at *St. Bartholomew's Hospital*, under circumstances of peculiarly unfavourable and distressing character. The poor child was cachectic to the last degree, and the operation was performed with the hope of giving her a last chance. It seemed that three years and a half ago she had fever, followed by strumous abscesses. When admitted into St. Bartholomew's two years ago she had disease of the right ankle-joint, and whilst under treatment for this the left knee-joint became inflamed and suppurated. On and off she had been treated for two years, and every effort had been made to improve her nutrition; but she had latterly become much worse, and would evidently sink. Two antero-posterior skin flaps were made, and followed by a circular sweep through the muscles to the bone, which was then sawn through. This mode of operating is, we think, the favourite one just now in the hospitals, and its results will compare favourably with those of any other method. The flaps were united by wire sutures, the whole exposed surface having been first thoroughly swabbed over with a solution of carbolic acid in water, one part in twenty. Pads of lint soaked in the same solution were applied to the stump, and held by strapping and bandage. Of course, the hopes of a successful result are of the faintest character.

HAIR-BLEACHING FROM NEURALGIA.

The influence of neuralgia in decolorising the hair is well shown in the case of a patient lately under Dr. Murray's care in the *Great Northern Hospital*. This woman, who was admitted on account of a fibrous tumour of the uterus, was remarkable in having the internal half of one eyebrow and the corresponding portion of eyelashes perfectly white, she being a brunette. It seems that three or four years ago, having gone to bed well, she was attacked during the night with a very severe spasmodic tic, which lasted only a few minutes; and in the morning the hair was permanently bleached. She is in the habit of blackening it with burnt cork.

PARALYSIS OF SIXTH AND SEVENTH NERVES FOLLOWING A BLOW ON THE HEAD.

Dr. Leared showed us, a few days since, a boy aged thirteen, in the *Great Northern Hospital*, whose case is worth noting. Four months ago he got a blow on the left parietal bone, was stunned for a few minutes, recovered, and felt nothing wrong for two months and a half. Then he woke one morning (Jan. 20th) with severe occipital pain and shivering, which lasted two or three days, and was accompanied by some vomiting and insomnia. Since then he has kept his bed with headache, the pain recurring at 11 P.M., and lasting till 4. Three days after the beginning of the headache there was facial palsy of the right side, and this was noted at the time of his admission into hospital on Feb. 8th. He had then also (it is noted by Mr. Hopgood, house-surgeon) external strabismus of the right eye, and complained of pins-and-needles and want of power in the left arm. When we saw him, the right facial nerve was paralysed, and there was some slight *internal* strabismus, depending, it was evident, upon some paralysis of the sixth nerve. No other cranial nerves were involved. There is an uncertain account of delirium before admission into hospital. The boy's general health appears fair, but the symptoms noted are evidently of grave character, and suspiciously like those of abscess of the brain.

CASE OF CYSTIC TUMOUR OF THE MAXILLA.

A girl, aged eighteen, was admitted into the *Middlesex Hospital*, under the care of Mr. Hulke, on Oct. 20th, 1868, with a tumour of the face of three years' duration. Mr. Norton, house-surgeon, gives us a description of it. It was attached by a broad base to the outer surface of the maxilla above the alveolar process, and it distended the cheek. On firm pressure, a peculiar recoil was perceptible, giving the impression of a bony cyst; and the escape of a few drops of viscid fluid through an exploratory puncture with a grooved needle confirmed this opinion. The alveolar process, the palate, and the nasal wall of the antrum were not distended. A free opening was made by cutting away part of the thin outer bony wall, which exposed a cavity lined by a smooth membrane projecting into the antrum, as well as outwardly. It held about six drachms of viscid mucus. No solid contents were found. Suppuration followed. The cavity was daily syringed with a solution of permanganate of potash, and it slowly contracted, the disfigurement being completely relieved.

MISCELLANEOUS CASES.

IN a recent visit to *St. Bartholomew's Hospital* Dr. Andrew showed us several cases of interest, which we here merely record in a very few words.

1. A woman, G. N——, aged forty-four, with great enlargement of spleen, which had existed twenty-two years. Three years ago she had a severe attack of hæmatemesis, which recurred ten months afterwards. Again, after an interval of ten months, she had a third attack, and passed also red blood by the bowels. The nature of the enlargement is somewhat obscure. It began when she was at Sheerness, and may, therefore, probably be aguish, although she has never had any other symptom of ague. On the other hand, the spleen began to enlarge after her second confinement, and the child born at that time died with ulcerations of skin. Between her first and second confinement she had miscarried. There is, therefore, a possibility of syphilitic infection. She is using the biniodide of mercury ointment, about half a drachm of which is rubbed over the belly every day. It is thought that the swelling has lessened in size. This ointment is found very useful in splenic enlargement. Dr. Andrew tells us that almost every autumn he gets some cases of ague which have originated in certain streets of Blackfriars.

2. A case of general muscular asynergia, following fright from the bite of a dog. We may probably refer on a future occasion to this very interesting case, in connexion with some others of similar character, under the care of Dr. Ramskill, in the London Hospital.

3. An old soldier has internal strabismus, apparently from paralysis of external rectus, which followed pain in forehead and back of neck, with giddiness and double vision. He says he never had syphilis; otherwise the case a good deal resembles many of that character. Dr. Andrew thinks it is very likely neuralgic, and is giving the man five minims of liquor arsenicalis three times a day, under which he is improving.

4. A painter, admitted with colic, was attacked with epileptic convulsions, accompanied by an extremely high rate of pulse, which persists. Pulse has been as high as 160, varying, however, a good deal, and being generally ower in the morning. We shall probably return to this case.

Provincial Hospital Reports.

KENT AND CANTERBURY HOSPITAL.

CHOREA TREATED WITH SUCCUS CONII.

(Under the care of Dr. WELCH.)

IN a recent number of the *Practitioner* Dr. John Harley brought forward a few cases of chorea treated successfully with large doses of succus conii. Mr. T. F. Raven sends us, from the above hospital, notes of a severe case of that disease which has lately been under treatment, and in which the recovery of the patient would seem to be attributable to the employment of the succus conii.

F. K——, aged seventeen, a thin, pallid youth, was admitted into the hospital on Dec. 4th, 1868, suffering from chorea of a severe character. The involuntary movements were constant, universal, and very violent. He could not speak more than one word at once, and could not protrude the tongue. There was a very faint basic systolic bruit.

The patient had been ill with chorea in slight and variable degree for six months. The disease had assumed its acute form for three weeks. No rheumatic history could be traced.

In the position of a large boil, over the angle of the right scapula, the constant tossings of the patient had produced a bedsore, which extended rapidly in depth and circumference; and it was feared that the angle of the scapula would soon protrude if the disease were not checked. Chloroform was administered with temporary benefit only. Morphia only made matters worse. Failing to satisfy himself as to the value of the standard remedies in chorea, the bromide of potassium having also been tried and found wanting, Dr. Welch ordered the patient, on Dec. 16th, to take one drachm of the succus conii every six hours. The case had now become so serious that a fatal termination was feared. The one-drachm dose seemed to have little effect, and was doubled in two days' time, when some benefit appeared to result. On the 18th December a dose of three drachms was given, after which the patient complained of transient giddiness and slight impairment of vision. The same dose was repeated at intervals of six hours, with the most marked and rapid benefit. In two days the patient was comparatively well, and the sore over the scapula soon presented a good healing edge. The subsequent progress of the case was satisfactory.

That the treatment of chorea is one of the most doubtful points in therapeutics is shown by the variety of remedies employed, as preparations of zinc, arsenic, steel, &c. Each of these is confidently recommended by its supporters as possessing a specific power over the disease, which is not so apparent to those who have not staked their faith upon it, and who are more independent in their judgment. That arsenic, zinc, and steel may be of advantage, in so far as they are tonics, no one may wish to deny; but it requires a very intimate knowledge of disease to assign the exact proportion in which, in hospitals, the regimen and hygienic conditions are instrumental in restoring to health a patient who, suffering from chorea, is taking one or other of these remedies. Besides, in this gradual subsidence of chorea its natural history plays its part, and the termination of the malady may be the natural one. But the progress of the above case towards recovery was so rapid, and the improvement was so marked immediately after the large doses of the medicine employed, that its issue may be fairly attributed, Mr. Raven thinks, to the succus conii.

Reviews and Notices of Books.

On Pyæmia, or Suppurative Fever. Being the Astley Cooper Prize for 1868. By PETER MURRAY BRAIDWOOD, M.D., L.R.C.S. Edin., late President of the Royal Medical Society of Edinburgh. London: Churchill and Sons. 1868.

AFTER all the experimental researches, the accumulation of observations, and the construction of theories and hypotheses, we do not yet seem to have satisfactorily determined what the disease known as pyæmia really is; what is its exact relation to local suppurative processes or surgical lesions; whether it originates in some animal poison or other, and if so, the nature of it; whether several distinct and different affections are included under the same term, or whether these ought to be regarded as the varied products of, if not exactly the same cause, at least of causes nearly allied to one another. The subject is full of embarrassment for a student. One set of writers will speak of pyæmia and suppurative phlebitis almost as if they were conterminous; another, fixing their attention exclusively

on the contents of the vessels, regard the blood as exclusively the seat of the primary and remote effects witnessed in such cases, and skilfully arrange the phenomena of thrombosis, embolism, and metastatic abscesses so as to show a causative connexion between them, whilst insisting at the same time on their being the sole exponents of the pathology of pyæmia. Another class of observers will point out that you may have all the phenomena of pyæmia without those of phlebitis or embolism, and they accordingly refer the disease to the action of some unknown blood-poison, which may or may not, according to circumstances, induce appreciable changes in the contents or coats of a vessel. Dr. Braidwood thinks that more accurate knowledge is to be acquired by clinical observation than by experimental research, and he has studied this subject from the former point of view more especially. From a consideration of the symptoms and pathology of the disease he has endeavoured to draw correct inferences regarding its nature, origin, and proper treatment, without hazarding baseless speculation. An experimental inquiry, if it is to afford us true light, requires to be set about impartially, systematically, and by original methods. We have learnt uncommonly little from chemical analysis of the secretions from wounds and abscesses, and their injection into the veins of animals has equally failed to give us the clue to a correct pathology. Our author very properly prefers the term suppurative fever to that of pyæmia. We are at the outset met with the inquiry,—What is the relation between a patient suffering from a chronic form of suppuration, attended with hectic fever, and another labouring under the combination of symptoms which make up a case of pyæmia? Practically, of course, the difference is immense, but abstractedly considered, are not the morbid conditions essentially allied and analogous? If we suppose, in the one case, that absorption of some of the constituents of a purulent fluid, or of some of its products, takes place so rapidly, and with such effect on the patient's system, that it kills him in a comparatively short space of time, after symptoms of sweating, fever, multiple abscesses, and typhoid forms of inflammation, followed by nervous prostration; in the other we may equally imagine that the absorption, being slow and progressive, is never far in advance of the constitutional and eliminative action which it sets up.

From cases which have occurred in our own practice, and the results of a study of their morbid anatomy, we feel convinced that Virchow's explanation is correctly applicable to a certain class of cases. For example, a patient manifested the symptoms of an acute and fatal form of suppurative fever, exactly such as would have been exhibited by a surgical case after an amputation. The cæcum and appendix vermiformis were found in a sloughy condition, with suppuration in the tissues around them. The veins in the neighbourhood contained broken-up and degenerating blood-clot, and the liver was the seat of a large number of small abscesses in connexion with the small branches of the portal vein distributed to that organ. As the lungs and other viscera were healthy, there seemed every reason to attribute the abscesses to something conveyed in the blood of those vessels with which the abscesses were anatomically associated; and, further, the limitation of the diseased action to the liver, roughly speaking, pointed to that organ as having acted the part of a filter on which the morbid action was exerted, and beyond which it did not pass. That materials derived from disintegrating blood-clot, whenever these are conveyed to and lodged in the minute vessels distributed to the solid viscera and other parts, may give rise to embolism and morbid processes consequent thereon, is true enough; but it is not the whole truth. Something over and above this takes place in pyæmia. Whatever be the nature of the *materies morbi*—whether a distinct animal poison, a septic principle developed out of the fluids furnished by a wound, an altered liquor puris, or what not—it may, and often does, induce some subtle change in the blood, so as to render it altogether unfit for the purposes of nutrition. Instead of the normal interchanges which should ensue between the tissues without and the blood within the small vessels, a stasis takes place, and an unhealthy inflammatory action follows.

Dr. Braidwood gives a good historical review of his subject in the first place, and then narrates the details of twenty cases of suppurative fever which occurred under his observation during the years he acted as resident surgeon in the Edinburgh Royal Infirmary and the Cumberland Infirmary. He next discusses the symptomatology of the disease, and appends a table illustrating its various stages, and their duration in the twenty recorded cases. Chapter 5 is on the progress of suppurative fever, which he divides into four stages: that of incubation; the stage of invasion; the typhoid stage; and convalescence. Nothing definite can be stated as to the first or incubationary stage; but the invasion of suppurative fever is most commonly marked by the occurrence of rigors, which generally set in about the fourth or fifth day after an operation, injury, or delivery. In fifteen of the author's twenty cases rigors were experienced, and served to fix the period of attack. When the typhoid symptoms advance rapidly, death may take place in from three days to a week after the commencement of that stage. The exact cause of the typhoid symptoms requires to be determined by further research. Dr. Braidwood, in common with most observers, believes that the systemic infection has not a local origin, but that the changes in the blood which induce the typhoid symptoms either commence in the lungs from deficient oxidation of the blood, or arise from some specific agent developed in the contents of the secondary pulmonary abscesses. Neither pus, as such, nor its liquid contents, have, in his opinion, anything to do with producing this condition, although it is probable that some catalytic process may be excited by purulent fluid in contact with imperfectly oxygenated blood. From his observations Dr. Braidwood is led to believe that suppurative fever exhibits a somewhat periodical character—the stages occurring in weekly periods.

Now that Professor Simpson has called attention to the evils attending our hospital system, and alarmed a good many people by his very formidable array of statistics, it may be interesting to see what our author has to say on the exciting causes of this disease. The largest number of the cases of pyæmia which have been published, he says, are derived from hospital practice; but he is convinced that very many cases occur also in private practice. We want more statistics on the latter point. In discussing in detail the various arguments which have been adduced for and against contagion, he dwells upon the facts connected with the origin of the disease, and points out that pyæmia is not stationary in hospitals, but exhibits a most remarkable eccentricity in its invasions. His own experience leads him to believe that bad ventilation, and overcrowding of patients, are not the only exciting causes; and he relates the occurrences attending an outbreak in connexion with two wards of an hospital of which he had charge in proof of the view that, though hygienic measures serve to prevent the spread of pyæmia when it has broken out, and also to ward it off by not furnishing a genial soil for its development, patients placed in the most favourable circumstances as regards hygiene are not exempt from its attack. He believes that our present knowledge warrants us in concluding that suppurative fever is not contagious, although he would isolate the cases, and remove them from

amongst operation cases; and he evidently considers Sir J. Y. Simpson's hypothesis, that surgeons, like accoucheurs, are occasionally the media of inoculating their patients with morbid matter, producing in them surgical fever, as unproven. Of course, like all practical and common-sense men, our author inculcates the necessity of cleanliness, good air, and proper diet, for hospital patients; but he is favourable, on the whole, to large wards in preference to those holding only two or three persons. The parts devoted to the pathology and morbid anatomy of this disease are both well and carefully done.

In conclusion, we may say that Dr. Braidwood has written a good book, and we are not surprised that it gained him the Astley Cooper Prize for 1868. It does not contain any new and striking views; but as these so often prove untrue when tested by facts and experience, we are not sorry on that account. It contains, however, a well-written and truthful record of his own clinical study of the disease, a careful and critical examination of the various theories which have been promulgated from time to time, and the expression of what he conceives we are warranted by the facts in teaching in regard to the causes, pathology, and treatment of suppurative fever. We must not omit to add that the coloured plates (chromo-lithographs by W. West) are exceedingly well executed.

Disinfectants and Disinfection. By ROBERT ANGUS SMITH, Ph.D., F.R.S. Edinburgh: Edmonston and Douglas.

THIS little volume contains a record of Dr. Angus Smith's experience in attempting to obtain results by exact methods hitherto untried. Most of it, the author tells us, has already appeared in print in his Report to the Cattle Plague Commission, and in articles contributed to various journals. After a short introductory history of disinfection, the author, under the head of "The Dangers to be averted," gives such information as is necessary to make the general reader acquainted with the modern theories of epidemic disorders in their relation to the part played by decomposing animal and vegetable substances, and the extraneous introduction and development of the seeds or germs of disease respectively. The chemical and germ theories of Liebig and Pasteur are incidentally touched upon, and the *rationale* of the action of disinfectants is also clearly explained. The author then proceeds to consider, separately, gases and vapours, acids, including the derivatives from tar, lime, metallic salts, soil, manure, charcoal, and filtration of air &c. The comparative power of disinfectants where water is used, the prevention of sulphuretted hydrogen, the relative values of different disinfectants as deodorisers, and the action of volatile oils and perfumes, form the subjects of a series of experiments, which are recorded in a tabular form, with a text of commentary; and, in a paper written originally with especial reference to cattle plague, the author affords a summary of his reasoning on the use of disinfectants. A short appendix contains a very useful enumeration of these agents in their application to various domestic uses. The book is clearly written, and may be consulted with advantage by the general as well as the professional reader.

PROSTITUTION IN BERLIN.—Dr. Strassmann states that in the Prussian capital there are, first, 995 prostitutes under the immediate control of the police; secondly, 10,860 well known to the authorities, though not actually registered; and 12,000 under police supervision, although not on the books; total, 23,855. It is reckoned that Berlin harbours one prostitute out of 29 inhabitants, or, more exactly, 3·5 per cent. of the population. If in the latter women alone are reckoned, we find 7 per cent. of unfortunates; and if the female population is restricted within the ages of fourteen and sixty, prostitution is shown to amount to almost 11 per cent.

EDINBURGH INFIRMARY.

ANOTHER long, but lively, letter from Dr. Andrew Wood in the *Edinburgh Courant*, testifies to the continued animation with which the controversy as to the site of this institution is carried on. Dr. Wood examines the more plausible of the five plans which have been laid before the contributors to the Infirmary; and, entrenching himself within the lines of George Watson's Hospital, rakes them with a galling fire of criticism. He shows the absurdity of demolishing, at the outlay of £44,000, the houses in front of the University, and replacing them by a medical hospital. Considerations of architectural beauty apart, the noise of the thronged thoroughfare of the South Bridge is a fatal objection to such a scheme. This plan being all but universally abandoned, Dr. Wood next brings his battery to bear on the amended proposal of the Managers—the proposal to "acquire that block of building which stands on the South Bridge at the head of Infirmary-street, on the north side, which would cost £12,000 additional, and a row of houses fronting the Pleasaunce at the foot of the Infirmary ground, which would cost £8900 more." Leaving out of sight the expense of this cumbrous plan, the space acquired by it would be quite insufficient. Additional ground had to be sought for, either on St. John's-hill on the other side of the Pleasaunce, or in the High School Yards and Cowgate, or in both localities. The expense involved in this supplementary plan was, however, enormous, and it was proposed to leave the South Bridge houses intact. But here, again, the cry was raised among the subscribers,—"This proposal was not contemplated by us when we subscribed! We wanted to beautify the South Bridge as well as rebuild the Hospital." To pacify these complainants it was then proposed to knock down the houses on the South Bridge, erect an hospital in their place, and let out the ground-floor as shops, the rent of which would cover the expense of removing the original buildings. An hospital above a row of shops! That seems a queer arrangement, and not less so when, to gain additional space for that so absorbed, it was proposed to transfer the purely clinical wards, medical and surgical, to St. John's-hill, making a road to it along Drummond-street, and spanning the Pleasaunce by a bridge! The straggling, contorted building which would thus arise is a fitting subject for Dr. Wood's satire, who proves it obnoxious to every possible objection, and calculated, from its inconvenience and discomfort, "to drive away students from our medical school, never to return." Let but the committee of contributors take a glance at St. Thomas's Hospital now rising on the banks of the Thames, opposite the Houses of Parliament, and they will see the kind of competitors which the Edinburgh Hospital will have to encounter south of the Tweed. We can assure them, as well-wishers to the Edinburgh school, that the site of George Watson's Hospital is the only one which will give the Edinburgh Infirmary a fair chance of coping with its southern rivals; and that Mr. Syme and Dr. Andrew Wood, in advocating that site, have the sympathy of all but those who look with jealousy on the far-famed hospital of the "grey metropolis of the North." Should the proposal of these two gentlemen come to a vote at the next meeting of the committee, we hope a majority in their favour will render needless the appeal (just suggested) to the opinions of "hospital medical men not resident in Edinburgh."

THE LEEDS NEW INFIRMARY.—The furnishing of this magnificent institution is being pushed vigorously forward. A resolution has been passed recommending that, if possible, the Infirmary should be got ready by the 16th of April, and that it should then be thrown open to public inspection for a week, so that all who feel an interest in this excellent institution may have an opportunity of inspecting the admirable arrangements, so far as the fitting-up of 200 beds, &c., is concerned. It is intended to occupy it as an hospital on the 23rd of April. A superintendent of nurses has been appointed, and the thorough-trained nurses under her orders will be organised on the most efficient modern principles.

THE LANCET.

LONDON: SATURDAY, MARCH 6, 1869.

THE meeting of the Metropolitan Counties Branch of the British Medical Association was held, as announced, on the 25th ultimo, under the presidency of Mr. ERICHSEN, when there was a large attendance of members. Mr. ERNEST HART introduced the four questions in relation to hospital administration which appeared in THE LANCET of Feb. 20th, in a temperate speech, in which he drew attention to the abuse of hospitals which now prevails extensively, and the necessity for reform, in the interest of those institutions themselves, of the charitable public, of the poor, and of the profession; but the discussion of the evening was necessarily limited to the first proposition—"Whether any and what steps can be taken to diminish the abuse of medical charities, and to arrest the evils of gratuitous medical service in hospitals."

We do not propose to follow the debate (of which a report will be found at another page), but will address ourselves to the general question and the light which was thrown upon it by the various speakers. That an abuse of charity is very widespread seemed to be pretty generally admitted, but ideas respecting those for whom hospitals are designed were not very definite or distinct. We take it that hospitals are intended primarily for the reception, temporary or otherwise, of those who are incapacitated by accident or sudden illness in the streets, and who but for such receptacles would be left at the road-side like the wayfarer of old, and with probably very similar experiences. Next, they are intended to afford relief to those serious cases of disease which require more medical and surgical attendance than the friends of the sufferers can afford to provide; and lastly, and this is comparatively a matter of modern growth, they at present minister to a mob of out-patients more or less indiscriminately admitted. It is among this last class that the abuses of London hospitals are principally found, and the applicants are obviously divisible into several sections. There are first the absolutely poor—some so destitute that they cannot provide the necessary bottles for the medicines given them,—who would, if parochial medical relief were more efficiently carried out than it is, have no need to apply to charitable institutions. But so long as an order from the relieving officer is required for the one, whilst mere personal application is requisite for the other form of relief, so long will the hospitals be more attractive than parochial medical officers, especially whilst the prejudice against Poor-law institutions maintains its hold upon the poor. But above the class of actual paupers is one which consists of well-paid artisans and small tradesmen, who ought properly to be the patients of general practitioners, but who take an unfair advantage of gratuitous medical relief. These often apply in the first instance to the nearest chemist, and after expending upon them considerable sums in medicines which do them little good, fall back upon the hospitals. It is difficult to refuse these people admission; and what will be the result if they happen to obtain relief? Why that next time they are ill they will very naturally apply at once to the institution where they derive benefit, and will direct their friends to the same. Then, again, there is a third class of patients comparatively well-to-do, but who are labouring under rare or complicated disorders, and who come to the hospital in the same way that ordinary patients go to the hospital physician's or surgeon's house—for the benefit of his opinion. These often come by the express permission and wish of their ordinary attendant, who sometimes sends a note or card with them, and requests an answer from the medical officer. To refuse them is as impossible as it would be for the physician and surgeon to lower his consultation-fee in order to bring it within their means of payment. And yet it would be a question how we could deny these patients access to those who are supposed to be conversant with their disorders; and it would, in many instances, be inconvenient to the practitioner were he unable thus to obtain a second opinion in confirmation of his own.

The interests of hospitals and of private practitioners must, to a certain extent, be opposed; but this opposition should be reduced to a minimum. If there were no out-patient system at hospitals, no doubt many small fees would fall into the hands of the ordinary practitioner; but, on the other hand, he would be compelled, in the cause of humanity and by force of public opinion, to burden himself with the care of numerous totally unremunerative patients whom he now passes on to the hospital with a perfectly good conscience. That legitimate patients are, under the present system, lost to the practitioner in the neighbourhood of an hospital is undoubted; and if a saving of money were all that the patient gained, or thought he gained, by going to the hospital, the imposition of a fine would be sufficient to adjust the difficulty. But there is really something more than this. It appears to him that he gets the benefit of a larger experience at the hospital, and he cheerfully balances the half-crown lost by the waiting which he of necessity undergoes against the money which he would pay were he seen and treated in a private surgery.

If all medical men had equal opportunities and equal talents, all grades in the profession might be wiped away; but, under existing circumstances, it is absurd to say that a man who devotes the best years of his life to the study of one class of cases, and is content to wait his reward, is not more likely to have an exact knowledge of them in all their varieties than one who, after the legal minimum of study, plunges at once into all the varied distractions of general practice. It must be borne in mind that the profession is made for the public, and not the public for the profession, as some men seem to think. It is as impossible to compel a poor man as it is a rich one to consult a given practitioner because he lives in a certain locality; and the poor no less than the rich will flock to the man who gives them relief, whether it be at an hospital or a private surgery.

Quite apart from these conflicting interests must be considered a matter which received no attention the other evening—the part which hospitals play in educating the

practitioner of the future. If hospitals which have medical schools attached are starved of patients by the too rigid application of any rules of selection, it will be impossible to impart to the student of medicine that knowledge of disease which is to be the basis of his future career. When practitioners cry out against the present system of hospital relief, they ought, in fairness, to draw a distinction between those institutions which afford instruction to their sons and pupils, and those which serve merely to glorify their proprietors and originators, and to put money indirectly into the pockets of these gentlemen.

The whole subject is a very wide one, and will be all the better for fair and unprejudiced discussion. We shall touch upon other points in connexion with it in a future number.

THE speech, at once brilliant and statesmanlike, in which MR. GLADSTONE developed, to an overflowing House, his scheme of disendowing and disestablishing the Irish Church has an interest, and that a momentous one, for the medical profession. Not only does he propose to apply the funds of the establishment in such a way as to reduce the individual sacrifices of the clergy to a minimum, but he finds a channel for the application of the surplus which will bring to the remotest scene of pauper suffering throughout the island immediate and lasting relief. As a measure for the redress of Irish grievances and for the restoration of loyal sentiments amongst the Irish people towards the British Crown MR. GLADSTONE'S scheme for the utilisation of the Church property may be regarded as in all respects felicitously devised. Between the self-sustaining part of the community and the purely pauperised class there is an intermediate portion for which Poor-law legislation finds it very difficult to provide. To meet the wants of this portion of the population, a tax, of increasing heaviness, and falling on the inmates of the most wretched hovels and cabins, has long been levied, while creating, by the inequality of its incidence, grievances quite as clamant as the wants it was meant to redress. First come the lunatics, a class for whom the present tax by no means adequately provides, although the sum they absorb is little under £140,000 a year, and will soon amount to £200,000. Next in order of importance come the deaf and dumb, whose case is much harder than even that of the lunatic, and greatly more so than that of the pauper. The latter may be kept in a workhouse at from £7 to £8 a year; but the deaf, dumb, or blind man cannot be kept and instructed under £30 or £40 annually. For lunatics, the sum MR. GLADSTONE states as necessary would amount to £185,000; and for other forms of mental disorder, like idiocy or imbecility, an additional £20,000 would be required. For the deaf, dumb, and blind, including instruction as well as maintenance, MR. GLADSTONE allots £30,000;—the sums set apart for both classes relieving the poor tax-paying inmates of hovels under £4, to the amount of £235,000 annually. Then, again, funds are imperatively needed for the training of nurses—nurses who shall attend, not paupers, but the poor above paupers. Such assistance as these women can give is, above all, necessary in Ireland, whose medical men (to whom MR. GLADSTONE paid a just eulogy) are scattered, and often unavailable under a day's notice. Women in labour are apt to suffer for this want of attendance; and accordingly MR. GLADSTONE would set apart £15,000 a year for the training of nurses—a class for whom Poor-law guardians are reluctant to incur expense. Further, there are reformatory and industrial schools to be multiplied and promoted in Ireland—schools for which the present parliamentary grants are altogether inadequate. Lastly, the county infirmary system is very imperfect: first, because an infirmary is usually placed in a capital which is not always central, and therefore inaccessible to many who require its relief; and, secondly, because the government of these infirmaries has to be brought into more intimate relation with the improved administration of the present day. To meet the charges required for placing these infirmaries in a more advantageous position, whether as regards site and management, MR. GLADSTONE allots £55,000; thus bringing the entire amount set apart for sanitary reforms to £311,000.

It is impossible to over-estimate the importance of these provisions; certainly the medical profession will be the last to withhold from their author the praise of an enlightened and far-reaching philanthropy. Not only will the burden of the county cess, as it is called, fall more lightly on the poverty-stricken occupants of cabins under £4 yearly rent, and thereby remove much of the ground at present prevailing for disaffection amongst them; but the medical profession, and all on whom its services are lavished, will find facilities provided for the better forth-putting of those services, such as have not yet been vouchsafed to Ireland. Whatever be the fate of particular proposals included in MR. GLADSTONE'S scheme, we cannot think that this application of the surplus revenues of the disendowed and disestablished Church can be other than approved. Ireland has long been an impracticable patient for the physicians of the State. Her case has baffled the combined skill of generations of party practitioners. Now an accurate diagnosis has suggested measures of treatment at once swift and effective, and her speedy recovery and convalescence may be safely predicted. All honour to the clear head, the pure purpose, and the masculine will whose efforts have culminated in this happy issue!

THE duration of an ordinary mental process or thought would seem at first sight to be wholly incapable of determination. We appear to have no means of judging of its commencement or end; and, even if these could be ascertained, no power of inducing its occurrence when required, or any means of comparing different kinds of thoughts. By care and attention, however, these difficulties have been in great measure overcome, and it may fairly be said that physiologists possess an approximative estimate of the duration of a simple intellectual process.

It was necessary, in the first instance, to fix upon some mental process which might be made subservient to experiment, and which, it is obvious, must be of an elementary or but slightly complicated nature. Now the simplest intellectual process is, probably, the solution of a dilemma presented to one of the senses: as the sudden exhibition of a red or green light, it being previously known

that one or other of those two colours was about to be presented to the eye; in regard to the sense of touch, whether the right or left temple be touched by a pin; with respect to the sense of hearing, whether the vowel *a* or *o* is pronounced. The instant of the commencement of the experiment can of course be determined to a nicety by making it coincident with the establishing or breaking of an electric current which is self-registering on a revolving disc. The moment of the termination of the experiment can, on the other hand, be determined by making the subject press a button the movement of which also registers itself on the same disc, or produce a sound. Now the data thus obtained give a period of time, termed the physiological time, that is manifestly much greater than the mere intellectual process by which the difference between two colours is determined: for, in the first place, there is the period occupied in the transmission of the light to the eye; secondly, the duration of the transmission of the perception of light to the sensory ganglia at the base of the brain; thirdly, the mental process itself by which the problem of the difference of colours is solved; fourthly, the formation of the voluntary impulse; and, fifthly, the conduction of that impulse to the muscles of the fingers, by which the signal of the completion of the act is given. The first of these is so brief that it may be altogether neglected; the second and fifth are probably invariable in their duration; whilst the third and fourth are found by experiment to vary within certain limits, and to be capable of improvement by practice. The rapidity of the transmission of impulses through motor nerves has already been determined by HELMHOLTZ and others to be about one hundred feet per second; and that of a sensory impulse may be ascertained, in regard to the sense of touch, by applying the stimulus to the tip of the finger and the cheek, the difference between the times registered representing the duration of the passage of the sensory impulse through the twenty-five or thirty inches of the median or ulnar nerves. Similar experiments with different sensory nerves appear to show that sensory impressions travel with equal rapidity through the several sensory nerves, so that an appreciable difference exists between sight and hearing in favour of the latter, because the length of the auditory is so much shorter than that of the optic nerve. From the recent investigations of DONDERS, it was found that the whole time occupied in visually perceiving and registering the difference between two vowels was only 0·166", or rather more than one-sixth of a second. When, however, the subject had to determine which one out of a series of five vowels was exhibited, the physiological time occupied was 0·170"; or when the estimates were made from the minima, they were 0·124" and 0·163" respectively. The physiological time occupied in the perception and registration of a stimulus applied to the skin required a much shorter time, amounting to 0·066"; and that of an auditory sensation, when two previously known vocals were employed, was only 0·056", or when five vocals were used, 0·083"—0·088". If, instead of naming the vowel sound produced, the fact of the sound being made was alone required to be registered, the physiological time occupied was one twenty-fifth of a second; and DONDERS estimates the duration of the mental process required to perceive the occurrence of a certain known sound at one twenty-eighth of a second. We would suggest to our readers that it would be interesting to determine the duration of a sensory motor impulse, which might be easily ascertained with appropriate apparatus, by estimating the time intervening between a vivid flash of the electric light or a loud sound, and the involuntary start which usually occurs. By this means, the period occupied in the production of the voluntary motor impulse in the above experiment would be eliminated, and a nearer approximation gained to the time occupied in a simple thought.

IN continuation of our article a fortnight back upon the subject of the representation of the profession in the General Medical Council, we wish to bring under the notice of our readers the effect upon the profession at large which the direct representation of the Fellows and Members of the College of Surgeons would have. There are, according to the last edition of "The London and Provincial Medical Directory," 2820 practitioners in London, and 9831 in the provinces, whose addresses and qualifications are known; making altogether over 12,600 medical men in round numbers, exclusive of a thousand or so whose addresses could not be ascertained. Now, the College of Surgeons—the corporation with which we are more immediately concerned—has in its last Calendar over 1300 Fellows, and nearly 15,000 Members; but these lists include, of course, many who are practising in Scotland and Ireland, and in all parts of the globe, to say nothing of many who are deceased, but whose names have not been officially removed. Still it is obvious to anyone who will study the Register, that the bulk of practitioners are Members of the College of Surgeons; and hence, were the Fellows and Members admitted, as we maintain they are legally entitled, to vote for the election of the College representative in the General Medical Council, a very large section of the profession would thus be enfranchised. The Fellows of the College of Physicians already exercise this right; and should they admit their Members to a similar privilege, the greater number of medical men would have a voice in their representation.

We have already quoted from the charters of the College of Surgeons the passages which appear to us conclusive as to the rights of the Fellows and Members, and it only remains now to take action in the matter. We are far from saying that the Council of the College will not yield in the matter if it is brought formally before them; but in order to this, it is essential that, in the first place, a legal opinion be taken as to the meaning of the charter; and, supposing this to be favourable, a meeting of the Fellows and Members of the College should be summoned to address the Council upon the subject. There are many reasons why it would be invidious for a London surgeon to take the initiative in the matter; and as one of our provincial brethren has already put himself forward as the champion of the rights of the Fellows to free discussion, we cannot see that a more suitable person than Dr. MORRIS of Spalding (if he will consent to act) could be found to take the lead as regards receiving subscriptions for the defrayment of the necessary preliminary legal and other expenses.

The present is an exceedingly favourable opportunity for

raising the question, since Mr. CÆSAR HAWKINS, who now represents the College of Surgeons, was elected in June, 1865, for a period of five years. Some months must necessarily elapse before the question can be properly settled, even if recourse be not had to a court of law, and Mr. HAWKINS's period of office will therefore have nearly expired. That gentleman will, we feel sure, understand that the present movement is not one directed against him personally, but that it is simply a question between the College and its Council of right or wrong.

Medical Annotations.

"Ne quid nimis."

PHYSICAL EDUCATION.

AMONGST the real, not supposed, calamities which the aquatic competition between Oxford and Cambridge brings yearly in its wake must be reckoned the discussions on athletics in the non-professional journals. Education—above all, physical education—is a subject on which everyone thinks he can speak with authority; whereas there is really no topic more comprehensive in its scope, or more complicated by individual or exceptional details. From being wholly neglected, or at best pursued in an unsystematic and aimless fashion, the development of the bodily energies is now organised into a special culture, which threatens, through its elaborate requisitions, to usurp every other kind of cultivation whatever. Not only are the legitimate studies of school and college frequently postponed to the pastimes of the cricket-field or the river; not only are the precious years between puberty and manhood often consumed in mere animal exercises, to the irretrievable sacrifice of all preprofessional education; but physical culture itself is pushed to a fatal extreme, and is defeating its own object by that very "forcing system" which its advocates denounce in scholastic study proper. The evils of over-training, so justly deprecated by the votaries of the prize-ring and the race-course, are now frequently manifested in our undergraduates; and many a young aspirant for the glory of pulling in the 'Varsity eight, or of reflecting lustre on his college in the foot-race or the ordeal of the stone or hammer, uses-up his reserve force—overdraws his account, so to speak, at the bank of health,—and prematurely impairs the energy which is to carry him through the competition of life.

All this is now matter of public notoriety, and, indeed, is challenging an amount of non-professional comment which threatens to frustrate the intelligent and scientific adjustment of the question. One grand step has yet to be taken before the balance between purely mental and purely physical discipline can be adequately struck, and that is, the institution of systematic medical surveillance over the exercises, whether mental or physical, of school and University. *Quid valeant humeri, quid ferre recusent*, is a question of vital importance for schoolboy and undergraduate—a question, however, which can be approached and answered only by men of physiological education—men familiar with the functions of the brain and the body in health, and able to detect in them the actual presence or the latent germs of disease. Take, for example, the case referred to by Dr. Bence Jones in *The Times* of February 26th. The father of that boy, whose brain was suffering from the over-stimulus of competition for a school prize, did what all other parents ought to do the moment their children leave home for the ordeal of scholastic life—he consulted an eminent physician as to the amount of brain-work his son could stand, and regulated his school discipline accordingly. The question whether prizes ought or ought not to be contended for loses half the importance assigned to it by Dr. Bence Jones, and the Head-master who replied to him, the moment the competition is regulated according to the energies of the competitors, as ascertained by medical examination. There is no reason why industry and intelligence should go without their reward in the school any more than in the University, or in professional life; and surely Dr. Bence Jones is in error when he thinks that the substitution of English for Latin and Greek precludes the possibility of prize competition, and of the over-work of brain incurred by them! We are as anxious as he is that the mass should love learning and "know English" (an accomplishment, by the way, which is not possible in any high sense without Latin and Greek). But we think he would attain all he wants by that constant reference to medical opinion which, in our judgment, should regulate the studies, pastimes, and athletic competitions of school and University. As a rule, the exercises, whether of mind or body, to which our youth are subjected are too severe;—they are begun too early, and prosecuted under too high pressure. The elasticity of the mind is as often impaired by the one as the elasticity of the body is prematurely exhausted by the other. The less violent sports of the French, the Prussians, and the Americans, attain the end of physical development with not less efficiency, and with much more safety than ours. Their officers are as good on the march or on the battle-field as our own, even though they have not made athletic feats the exclusive business of their lives between puberty and manhood. We must be taught to economise our physical force—to conserve it in as literal a sense as that with which Faraday has familiarised us, and to take care that it is not deflected into one channel to the impoverishment of others equally deserving of supply. Rather let us imitate the catholic culture of mind and body prescribed by Plato as characteristic of the καλὸς κἀγαθός—a culture which secured, not the abnormal development of any one faculty, but the harmonious evolution and balance of all.

THE CONTAGIOUS DISEASES ACT AND THE MERCANTILE MARINE.

MORE than twelve months have now elapsed since we showed in detail the necessity of extending the provisions of the Contagious Diseases Act to the mercantile part of the United Kingdom. The facts recorded as to the success of the Act in places where it has been enforced, the vast importance of fostering as much as possible that rare vital article, the efficient British seaman, and indications that have lately been given in the House of Lords as to further legislation on this subject, induce us once more to urge that measures be taken to mitigate the scourge of venereal disease in our seaport towns. And this is the more necessary, because that clause of the Merchant Shipping Act of 1867 relating to inspection of seamen, being only permissive, has utterly failed to afford any security that healthy hands are shipped. It is perfectly well known that men affected with acute syphilis sign articles, go to sea, lay up for days, weeks, and months, and thus endanger the safety of the vessel and all her belongings. This evil has lately increased, for the wretched women who ply their trade in the purlieus of Ratcliff Highway share with others in the effects produced by the present depressed state of shipping, and are, as a horrible but necessary consequence, more than usually reckless in giving to others the disease of which they are the subjects. We took occasion some weeks ago to visit the music-halls and other haunts frequented by sailors and Cyprians in the neighbourhood of Whitechapel and the

London Docks. A wretched woman, who had spent more than twenty years of her life in that neighbourhood, informed us that the women in that quarter of the town were becoming more and more careless as to matters of cleanliness, that no sort of scruples existed as to cohabiting when suffering from diseases in their acute forms, and that a girl was now plying her trade in the neighbourhood who had been for some time scouted by her female companions on account of her unendurably loathsome condition. These are disgusting details, but it is necessary that they should be widely known, because, though indicating an amount of misery which is appalling, we are convinced that much of this misery is preventable. It is, of course, a question of cost, and we take leave to quote the valuable opinion of Dr. Dickson, R.N., Medical Inspector of Her Majesty's Customs, who, in a very lucid Report on the subject, submitted to the Duke of Richmond (then President of the Board of Trade) some twelve months ago, makes the following suggestion: "As a temporary expedient, and one possessing the great advantage of economy, I would recommend that two large hulks be fitted up in the cheapest possible way, one for acute cases, the other for convalescents. Isolation and discipline would thereby be assured. Perfect cleanliness and order, warmth and ventilation, a sufficiency of plain food, and the simplest fittings, seem all that is necessary in such an institution, and the gross waste and jobbing that characterise so many so-called charities should find no room for existence." We think this plan well worthy of attentive consideration. The women, when found to be diseased, would be entirely removed from the scenes of their vicious career, and these vessels, if moored between Blackwall and Woolwich, would be readily accessible by railway from that part of the town frequented by the great majority of the East-end prostitutes. This plan would be still more feasible at Liverpool, because no objection could be there raised to the presence of hulks moored in the Mersey on the score that they might obstruct the traffic of the port. But, whatever scheme be adopted, the difficulty must be met boldly and decisively; for we know that nearly 4000 prostitutes are now following their miserable calling in the seamen's quarters of London, that a large proportion of them are diseased, that the wards of the *Dreadnought* are filled with their victims, and that good sailors are becoming year by year more difficult to obtain.

THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THE annual meeting of this Society was held on Monday last, and was thinly attended. The business was of the ordinary routine character, and the "house-list," to which we referred last week, was of course carried—we believe without opposition. In proposing the adoption of the report of receipts and expenditure, Dr. Webster took occasion to remark upon the satisfactory pecuniary status of the Society, and congratulated it especially upon having expended £165 14s. on foreign books and journals, which he regarded as the great and almost unique feature of the Society's library. Mr. Charles Hawkins, in seconding the proposition, took a somewhat different view however, maintaining that there was no object in the Society's accumulating funded property; and, while approving of the purchase of foreign books, complained that the library was by no means completely furnished with English works of reference on scientific subjects, and thought it wrong that only £72 should be spent on English books and journals, the Society trusting to the benevolence of authors for their supply of current literature. Mr. Curling threw out the suggestion that, as the income of the Society was always in excess of its expenditure, the fee, which was a burden to young practitioners, might be lowered.

If the Medical and Chirurgical Society could really do its work with a one-guinea subscription, this is the best argument in favour of the amalgamation with it of the other Societies, so that a single fee of three guineas might cover the whole expenditure. This will necessarily form a part of what the retiring president, Mr. Solly, subsequently alluded to in his address—viz., the amalgamation of the Medical Societies into a "Royal Academy of Medicine." It will be seen from the report which we give of the annual meeting, that once more, and this time with greater promise of success, a scheme for effecting this is submitted to the profession. Our readers will remember that twelve months ago Mr. Solly, on taking the chair, stated that his great desire was that the name of the Society should be changed to that of the "Royal Society of Medicine and Surgery," or the "Royal Academy of Medicine;" and that the Society should possess a house worthy of the first Medical Society in the world. A committee was soon afterwards appointed to discuss the question, and Mr. Solly's idea was subsequently engrafted upon a motion of Dr. Pitman that all the Medical Societies should be amalgamated. The report of this committee we now print *in extenso*. We must give Mr. Solly credit for the manner in which he has worked out his idea in connexion with that of the Council. It is for the profession to discuss the suggestions that are now made. Time is needed to examine fully the details of the projected programme. We approve of it as a whole, though there are some points upon which more information or more explicit statements are needed. There would seem to be no financial difficulty in the way, especially if debentures were taken up by Fellows of the various Societies. If the present attempt should prove successful, Mr. Solly, who deserves the thanks of the Society for his judicious conduct of its affairs during his occupancy of the presidential chair, will have an additional reason for looking back with satisfaction upon his term of office.

SOCIAL SCIENCE AMENITIES.

WE cannot but think that the Council of the Social Science Association, or whoever may be responsible for it, has acted unwisely in publishing in its Sessional Proceedings the text of a paper read in the Health Department on the 25th ult., by Mr. P. H. Holland, entitled, "Has the Drainage of Sewage into Streams done more harm than Drainage itself has done good?" This paper is calculated to bring the Association into disrepute with all who attach importance to the maintenance of courtesy and gentlemanly language in the discussion of scientific subjects. How far Mr. Holland has observed this may be judged by the following expressions scattered broadcast through his paper, as applied to the opinions of an eminent member of the Social Science Association: "silly exaggerations," "reverse of true," "wholly incorrect," "grossly exaggerated," "childish," "merely a rhetorical flourish," "apocryphal statements," "false alarms," "injurious and misleading exaggerations," &c. Under any circumstances, such language ought to be highly objectionable to the Association, as tending to the development of anti-social rather than social feelings; but when the person assailed happens to be a man of recognised position in a scientific profession, as well as the president of the very department in which the paper was read, the indecorum of the proceeding calls for the strongest reprehension. Dr. Rumsey, it appears, in the address on Health, which, as president of the Health Department, he delivered at the Birmingham meeting of the Association last year, made some remarks upon the removal of town

sewage and the pollution of rivers, which have given offence to the "earlier sanitarians," of whom Mr. Holland seems to consider himself one. It had occurred to Dr. Rumsey, as it has occurred to many others, that, in their anxiety to carry off the sewage from the houses and sewers of towns, these "earlier sanitarians" appear to have overlooked the results which might be expected to follow on casting the sewage into the rivers, running, may be, through the very heart of the towns. It was for drawing attention to this connexion between sewerage works and water pollution that the onslaught referred to above has been made. And as an illustration of the force of a bad example, we find Mr. Edwin Chadwick, C.B., following suit in the discussion subsequent to the reading of the paper, with a series of utterly absurd and ridiculous assumptions about Dr. Rumsey's ignorance—indeed of the ignorance of all "practitioners of curative art" of even the elements of sanitary science. That Dr. Rumsey can afford to disregard the cheap sarcasm of Messrs. Holland and Chadwick we have no doubt; but as we really wish well to the Social Science Association, we shall hope to learn in due course that the Council entirely repudiates any sympathy with this most uncalled-for attack.

THE "HAMADRYAD" HOSPITAL SHIP.

We congratulate the friends and supporters of this useful institution upon its success, about which there was some doubt when it was founded two years and a half ago, in consequence of the supposition that the sailors would not avail themselves of the benefits it might afford, and that the public would raise an objection to its presence amongst the shipping at Cardiff. During the past year, as stated at the annual meeting of the governors on the 16th ult., the number of admissions amounted to 1018, consisting of 421 in-door and 597 out-door patients. No less than 982 ships furnished patients. Of the in-door cases, 6 were those of typhus, 21 of typhoid, and 11 of small-pox. There is good reason to believe that the location of these latter in the ship may have prevented the spread especially of variola in Cardiff, for the patients would probably have been tended in the crowded parts of the town. The hospital ship has been visited by some of the medical staff of the infirmary, who have expressed their satisfaction at the arrangements and the management of the sick in the ship. Some little difficulty has arisen respecting the removal, to the dead-house provided by the local Board of Health, of the bodies of those who have died of infectious diseases. Recently the body of a person who had died from small-pox was retained in the mortuary from Friday till Monday, enclosed only in a thin parish coffin, and it was urged that the subsequent removal of the corpse for interment was attended with danger, of which there can be no doubt. The Board of Health passed a resolution that no more corpses be brought from the *Hamadryad* to the dead-house. The Mayor of Cardiff has stated that he believed the Board of Health was willing to make arrangements for receiving the bodies at the mortuary, provided they remain there only a certain time. Here the matter rests. It is quite clear that, with seventy or eighty inmates on board ship, the sooner the bodies of those who have died of infectious diseases are removed the better; and it becomes a question whether a small cottage hospital should not be provided on land for the reception of patients in the first instance. We notice that Lord Bute's trustees are prepared to provide a dead-house for the hospital ship, if the Board of Health declines to make proper provision; and it is to be hoped, with the manifest disposition to meet the wants of the *Hamadryad*, that it will not be long before it has a proper place to which to remove its dead as speedily as possible.

THE PHYSIOLOGY OF CONVENT LIFE.

No sooner was the great convent case over than all the newspapers very naturally took up their parable. When so much has been said already, it is as difficult to write anything new as it is easy to express what is true in platitudes. Apart from other considerations, we, as doctors and wicked men of the world, regard the monastic and conventual form of life as founded on a misconception of human nature and human requirements. We must take up our parable from a very low stand-point. The human family possesses appetites and instincts in common with the rest of the animal kingdom of which it is part; and this being so, it is absurd to suppose that their exercise is necessarily hurtful, any more than eating and drinking are necessarily hurtful. The animal loves its kind, and will risk or sacrifice its life for its young. Just, however, as our nervous organisation is more highly developed in order to fit us for the operation of higher faculties, so are our appetites, instincts, and feelings subordinated to those faculties; but they cannot be eradicated or suppressed without some physical or moral injury. Any physician who has been accustomed to analyse the causes of disease, and trace its little beginnings, must be able to recall cases wherein eccentricity of conduct, mental or moral perversity, nervous diseases, hypochondriasis, and the like, had their origin in attempts at suppressing or concealing the natural play of human affections and instincts. The animal machine, like every other of very complex structure, depends for its healthy working on the due adjustment and relation of its several parts. A masculine quality of mind, a strong will, or the imposition of a rigid discipline will, no doubt, have the desired effect; but it is at the risk of losing that mental vigour and that active sympathy with others which are the outcome of the natural exercise of our affections and interests in the world around us. As Nature intended and fitted men and women to play their parts in that world, so the resistance which follows from an interference with her plan is only to be overcome at the expense of some thing.

We could easily and truthfully dwell upon the evils arising from the confinement, discipline, fasting, petty drill, and other phases of a convent life; but religious ardour is not, we fear, likely to be controlled by our advice. The lack of sufficient exercise for mind and body must influence both injuriously. We do not say a word as to the objects in view or the motives. Let these be of the highest and best, the facts are not the less apparent. Those who contemplate the phenomena of human life from the physiological or psychological point of view, will perceive the uniformity of the law by which things spiritual and corporeal are directed. The spiritual no less than the physical and mental qualities of our being are in conformity with it. At best, by a conventual system, you can only advance the innocency of childhood onwards to adult life, forgetful of the progressive stages in mental, moral, and spiritual development which St. Paul recognised. Without any disposition to preach or moralise, we cannot avoid perceiving the force of a religious truth—namely, that the manifestations of evil, like the appearances of good, are but very deceptive indices, after all, of the spirit within. As we cannot close a room and shut out the sunlight without risk of producing darkness, dampness, and foul vegetation, so it is with human character. We cannot impose barriers to the exercise of natural emotions and affections without developing incrustations which lessen their usefulness and mar their beauty. The room requires disinfection by the admission of air and sunshine before it is habitable; and the odour of sanctity often needs a purifica-

tion in order to become a healthy sweet-smelling savour. The conventual system for young people is unnatural, and those who enter may glory that it is so; but it is clear that shutting out the world is not always synonymous with shutting out the flesh and the devil. We think this case has shown that women make bad rulers and administrators. It is not a little curious that goodness and charity should be so little cultivated for their own sakes and for their own reward. Until these are subordinated to and become the bantling of a creed, they fail to attract. Of this we need not complain, however, so that the good be done; but with all the ignorance, sickness, and destitution on every side, there is, it strikes us, ample scope for good people of every class and creed to discipline their characters to their heart's content, without the aid of dusters, door-mats, and other derogatory impositions.

THE SALE OF PATENT POISONS.

THE sale of poisons must be subjected to yet more stringent limitations than those embodied in the existing Act, otherwise we shall have the crimes of Locusta or Lucrezia Borgia multiplying among us. Anyone can procure for a trifling sum at the chemist's an amount of vermin powder sufficient to poison a household. Battle's vermin-killer, which is largely composed of strychnine, is in great request, and, some few weeks ago, was bought with fatal facility of a chemist in Sheffield, and employed by its purchaser (a young man named Barker) to poison his mother and sister. In their absence, he mixed it with the water in which the Sunday's dinner was being cooked. On their return, observing something peculiar in the contents of the utensil, both mother and daughter tasted them, when the latter almost immediately became sick. Suspecting something wrong, they sent the dish, not to the dining-room, but to an analytical chemist, who found in the water a considerable quantity of strychnia. Barker, on being indicted at the intermediate sessions, pleaded "Guilty," and was sentenced to five years' penal servitude. No legislation against the sale of poisons can be reckoned complete which does not prevent such facilities for committing murder as those of which the convict Barker availed himself.

ABSINTHE AND ALCOHOL.

THE question whether absinthe exerts any special action other than that of alcohol in general, has been revived by some experiments by MM. Magnan and Bouchereau in France. These gentlemen placed a guinea-pig under a glass case, with a saucer full of essence of wormwood (which is one of the flavouring matters of absinthe) by his side. Another guinea-pig was similarly shut up with a saucer full of pure alcohol. A cat and a rabbit were respectively enclosed along with a saucer each full of wormwood. The three animals which inhaled the vapours of wormwood experienced, first, excitement, and then epileptiform convulsions. The guinea-pig which merely breathed the fumes of alcohol, first became lively, then simply drunk. Upon these facts it is sought to establish the conclusion that the effects of excessive absinthe drinking are seriously different from those of ordinary alcoholic intemperance.

It is not the first time that we have had to notice discussions on this subject, and to comment upon the inadequacy of the evidence produced in order to prove that absintheism, as met with in the Parisian world, is something different in its nature from chronic alcoholism. We have never denied the possibility of an ultimate discovery of such differences; but we do maintain that as yet no symptoms of absintheism have been described which are not to be met with in many of the victims of simple alcoholic excess. The sleeplessness, the tremor, the hallucinations, the paralysis, and even the epileptiform convulsions, are all of them well-known symptoms which are more or less frequently met with in the alcohol drinkers of England. And it is no sort of answer to these facts to prove, as the recent French observers have done, that the concentrated fumes of wormwood are capable of producing convulsive symptoms which are not produced by inhalation of the fumes of alcohol. Wormwood is, after all, only present in small proportions in absinthe. And the question really before us is, not as to the effects of concentrated *inhalations* of a simple substance like wormwood, but of the comparative influence of repeated small *stomach* doses (reaching a high daily total) of an alcohol pure and simple, and of an alcohol flavoured with small quantities of wormwood, and, indeed, of half a dozen other flavouring matters besides.

THE CHANCELLOR OF THE EXCHEQUER AND THE NEW NOMENCLATURE OF DISEASES.

IN another column will be found a full report of the speech of Sir Thomas Watson, on behalf of the deputation from the Royal College of Physicians to the Chancellor of the Exchequer, on the subject of the Government supplying a copy of the new Nomenclature of Diseases to every registered medical practitioner. The answer of the Chancellor has been, so far, favourable. The question really lies in a very small compass. The Government require for the Registrar-General's department a certificate of the cause of every death which occurs in the United Kingdom. The department is an expensive one, and if the information it collects be ill-founded and inaccurate, the money it costs is something worse than a dead loss. The information hitherto collected must have been inaccurate, because there has existed no accurate nomenclature of diseases. This want has been supplied by the gratuitous labour of certain Fellows of the College of Physicians, and the certificates of the cause of death can now be prepared on a uniform and trustworthy basis. Between the use of the work, and the imperfect and inaccurate returns of the Registrar-General, the Government have to choose. To prepare such a work specially would have cost them more than the whole sum asked for now for printing, binding, &c. We do not doubt for a moment that the Government, acting through the Chancellor of the Exchequer, will avail itself of this favourable opportunity of improving one of its departments, and of showing that, whilst it can economise, where necessary, it can, at the same time, spend all that may be required on the useful.

HEALTH AND METEOROLOGY OF HULL.

WE record with pleasure the inscription of the name of another of our large towns in the list of those places for which reports on sanitary condition and mortality are periodically issued. As officers of health increase in number with the growing conviction of municipal authorities that their appointment is necessary to the proper carrying out of sanitary measures on a scale commensurate with the requirements of the population, we shall, of course, expect the number of annual reports on the health and mortality in towns to increase also. But it happens in not a few towns where the authorities are either opposed to or negligent about appointing health officers, that members of our profession step forward and voluntarily supply, as a labour of love, what ought to be given as the result of responsible and adequately remunerated service. The town of Hull has no medical officer of health, and Dr. Angus Macmillan, who has

prepared and published the very excellent report now before us, gives, as regards that town, what is no doubt a clue to the cause of non-appointment elsewhere: "Since the formation of the local Board of Health for Hull, the town has been fortunate in always having among the members of the sanitary committee two or three medical men who have at all times freely given their advice and much of their time and labour to promote the sanitary condition of the town." This negation of self-interest is a characteristic, and a very honourable one, of our profession; but we are decidedly of opinion that wherever it becomes apparent that voluntary service in matters of public health is taken advantage of by local authorities as an excuse for neglecting to appoint a paid health officer, a stand should be made against so unfair a proceeding. Dr. Macmillan states that the increased mortality in Hull last year was chiefly due to the greater prevalence of small-pox, scarlatina, measles, whooping-cough, diphtheria, and fever. Small-pox showed a marked advance from the commencement of the year. The adoption of house-to-house visitation for the purpose of vaccination is strongly recommended by Dr. Macmillan as certain to stamp out the disease. Another fact equally demanding the serious consideration of the authorities is the steady increase of fever during the last two years. The progress of these and other fatal causes is indicated on the charts and map which accompany Dr. Macmillan's most useful and creditable report.

SUPPLY OF SUBJECTS.

THE scarcity of subjects for dissection, to which we referred last week, is a serious matter, and one which we have taken some little trouble to investigate. Guy's Hospital, having the largest number of pupils, has been the chief sufferer, having had only forty bodies at the end of February, against sixty-three at the same date last year. St. Bartholomew's, on the other hand, has had only seven, and University College three, less than last year; and so with most of the other schools; the total giving two hundred and eight bodies this year, against two hundred and *sixty*-eight last year, including those for examinations by the College of Surgeons and other examining boards.

The present defective supply is easily traceable to several causes. The Act of William IV., commonly called the Anatomy Act, is only permissive in its legislation, and in no way compels, though it authorises, the giving up of unclaimed bodies in workhouses and prisons. The recent inquiries into the management of the workhouse infirmaries has materially interfered with the necessary supplies for anatomical studies, both by exciting the relations of deceased paupers to investigate their mode of death and burial, and by deterring the officials from exercising their legal powers for fear of creating some scandal which would damage them with the public. The master of a workhouse has generally no direct interest in forwarding the necessary papers to the Inspector of Anatomy's office, and, unless prompted thereto by private influence, prefers to let the parish incur the expense of the pauper's funeral, to inconveniencing himself by acting under the provisions of the Anatomy Act. The institution of suburban cemeteries, again, has interfered with the question, since the relations of a deceased pauper are now often found to be anxious to follow their friend to the grave, when the said ceremony necessitates a jaunt into the country, and the imbibition of certain liquors *en route*. No one who frequents the high roads leading to the great outlying cemeteries can have failed to notice parish hearses, bearing a crowd of "jolly mourners" to or from the grave of the departed.

It is clear that none but absolutely unclaimed bodies are the proper subjects of the Anatomy Act; but there is, we believe, an amply supply of these for all the schools in the institutions in and about London, if they were properly looked after. A Government official like the Inspector of Anatomy may not be the best person to perform the duty of looking up the supply; and it remains for each teacher to do his best to increase it by using the influence he may have for the purpose. Some of the hospitals at present by no means do their best to aid the schools in connexion with them. Study of pathological anatomy is no doubt important; but this does not necessitate the absolute destruction of unclaimed bodies for anatomical purposes, as now not unfrequently happens at the hands of the pathologist or his assistants.

The teachers of anatomy, however, are not entirely blameless in the present question; a great deal of the reluctance of undertakers and other officials being due to injudicious parsimony on the part of the teachers, who in some cases endeavour to cover the expenses of the dissecting-room with, and even to make a profit out of, the difference between the sums paid by the pupils for their "parts," and the charges of the undertaker. This difference in most schools amounts to some eighteen shillings; and were that sum added to the charges of the undertakers, we believe that in many cases the official mind would be found "open to conviction," and the supply would be proportionately and legitimately increased.

THE WIGAN BOARD OF GUARDIANS.

WE have read in the Wigan papers a discussion at the Board of the subject of the supply of beverages in the Infirmary. The style of the chairman's questions and remarks was, it seems to us, both unwarranted by the facts elicited, and undignified. The deputy medical officer, Dr. Unwin, ably vindicated himself in the case of the patient Fitzpatrick, who complained that he could get nothing but water to drink. Much evidence was brought forward to show that he had a variety of drinks—a pint of coffee and of tea daily, a pint of milk, and three ounces of whisky. Notwithstanding the evidence adduced, and the general satisfaction of the Board, expressed ultimately in a resolution, the chairman continued to reflect in the most unmeasured terms on what he called the gross cruelty of the arrangement by which the medical officer was considered the fit judge of the extra beverages that should be allowed to patients. We cannot, of course, be sure that all the chairman's language was unjustified, but it appears to us so; and the complaints in the case of Fitzpatrick seem to us sensational and uncalled for. Having said thus much, we will remark that we think there should be a daily visit of the medical officer.

ACCIDENTAL POISONING BY STRYCHNIA.

AN inquest was held a few days ago, at Gravesend, on a child who had been supplied by a chemist with two powders, called "teething powders." Strychnia was put into the powders in place of sugar: the chemist mistook "strychnia" for "saccharum." It was said for the chemist who made the mistake, and who that day only had taken the business, that the strychnia was placed indiscriminately with other drugs, and even, it would seem, with sugar, and having no special poison label upon it! There is really a refinement of carelessness in all this that is highly culpable; but the jury contented themselves with a mild verdict of "Death from misadventure," appending thereto a censure upon the manner in which the poisonous medicines had been kept. To keep strychnia indiscriminately with other drugs and with sugar is certainly most criminal carelessness.

PROVINCIAL POOR-LAW ADMINISTRATION.

IT is very generally believed that the Poor Law is more successfully administered in the provinces than it is in London. Provincial boards of guardians contain a large admixture of clergy and magistrates, who, residing in close association with the poor, are supposed to be personally acquainted with their character and wants, and therefore well qualified to exercise a wise discrimination as regards relief. We fear this is a complete delusion. We have shown that it is so as respects the workhouses, and we believe that an inspection of out-door relief would reveal instances of hardship and inhumanity not to be surpassed even in the poorest parts of town. At the last meeting of the Guildford Board of Guardians, a complaint was made by the medical officer, Mr. H. Taylor, that the relieving officer had suddenly withdrawn a supply of nourishing food which he had ordered for a young girl, on account of debility and anæmia. The chairman stated that the Board considered that the girl's father was in a condition to provide nourishment for his daughter, and an order was given for the house, which was not accepted. Mr. Taylor was also ordered to discontinue his attendance upon her as a pauper patient. Now the father is a jobbing gardener, with a wife and six children,—one of them epileptic. At this time of the year his earnings do not reach ten shillings per week, and the result is they are nearly starved. The girl was too weak to remain in service, and is at that critical age when a continuance of insufficient nourishment is pretty certain to produce permanent disease. How can such a man be expected to pay for medical advice, or to find proper nourishment. What folly it is to force the workhouse test upon a man who is doing his best to support his family, and who would probably have succeeded if his daughter had been well enough to retain her place. We believe that there is neither justice nor policy in such treatment.

A second complaint was also made by Mr. Taylor as to a man named Otway, who is suffering from inflammation of the eyes. He, too, was ordered nutriment, which however was shared by his wife and child, because the relieving officer would give them nothing else, and they were without resource. The man, said Mr. Taylor, may lose his eyesight, and thereby become an inferior workman. In this case, also, the guardians gave an order for the house, which was refused, and the man is now attended at the County Hospital, and is subsisting on charity. In fact, thanks to the workhouse test, a whole family has been forced to learn the trade of begging.

Is it possible to conceive a more penny wise and pound foolish policy? Should Mr. Taylor's unfavourable prognosis be realised, the ratepayers will have to support the family for years to come; and in the workhouse they will scarcely cost less than one pound per week. The fact is that the guardians are too much influenced by the prejudices and ignorance of relieving officers, whose only object is to save the rates. The former never visit the sick themselves, nor take any real interest in curing them. The least they can do under such circumstances is to support their medical officers, who are far more competent to say what is necessary than the broken-down tradesmen who are so often made relieving officers because they are fit for nothing else. Such cases as these show how loudly inspection of out-door relief is called for, or at any rate that the poor should be permitted to appeal against such crushing application of the objectionable workhouse test.

Mr. Taylor deserves the thanks of both poor and ratepayers for protesting against such practices. The vast subject of out-door relief is at present beyond the notice of the Poor-law Board; but we shall open our columns freely to similar experiences, in the belief that it is the only way by which the President can be made acquainted with the inadequate support afforded to medical officers by boards of guardians, and the necessity of an inspection of out-door medical relief.

THE MEDICAL ACT OF UPPER CANADA.

THE Ontario Legislature—that is, the Parliament of what was formerly Upper Canada—has passed an Act for the regulation of the medical profession in Ontario. It creates a Council for carrying out the purposes of the Act: to be composed of representatives of all the universities, colleges, and medical schools of Upper Canada; of twelve members to be elected from the registered practitioners of medicine according to territorial divisions mentioned in Schedule C; and of certain other strange representatives to be noticed immediately. It provides for the registration of medical men, and gives them legal status and powers of recovery in courts, in a way similar to our own Act. Moreover, it provides for the registration of qualifications granted in other parts of Canada, provided that the curriculum shall be equal to that established in Ontario, and that the privilege be reciprocated. Persons neglecting or omitting to register are not entitled to any of the rights or privileges conferred by the Act. The penal clause for irregular practice, though at points somewhat carelessly drawn, is an improvement upon our 40th clause.

Two very distinguishing features of the Act remain to be noticed: one of them is, perhaps, to be praised; the other cannot be too severely condemned. The first is to be seen in Clauses 24 and 25, which require the Council, at its first regular meeting, to appoint a Board of Examiners to examine all candidates for registration. This Board is to be composed of members representing the three teaching bodies now existing in Ontario and every school of medicine which may hereafter be established, and nine members chosen from members of the College of Physicians and Surgeons of Ontario not connected with the teaching bodies. We could heartily wish to see our various and incomplete examinations centralised in one perfect examination qualifying for general practice.

The other remarkable and a most objectionable feature of this measure is, that it gives a representation in the Council, to the number of five members, to licensed practitioners in homœopathy, and makes special provision for the examination of homœopaths by stipulating that they shall only be examined in certain subjects by examiners approved by the homœopathic representatives in the Council. A similar representation in the Council, and a similar provision for a special examination, is conceded to believers in the "eclectic system of medicine," whatever that may be.

We regret that otherwise so good a Bill should be spoiled by the introduction of provisions which must make the Ontario qualifications objects of distrust to our own Council and to the Medical Councils of all countries in which the scientific spirit is predominant. We have always advocated a generous recognition of our own colonial diplomas; but if they are to be granted by bodies so composed as the Council and Examining Board created by the Medical Act of Ontario, we shall have gravely to reconsider our opinions on this matter.

THE CASE OF MUTILATION.

WE have obtained some particulars from Mr. Cortis, house-surgeon at Guy's Hospital, respecting the young man who was lately the victim of an extraordinary mutilation at the hands, it is said, of his wife. He lies at present in Luke ward, under the care of Mr. Hilton. It would

seem that the assailant, having grasped the genitals in one hand, with the other made a cut which passed above the pubic symphysis, thence downwards into the perineum, sweeping close to the anus, and upwards again to the point at which it commenced. Traction being made upon the organs, the whole skin thus included was removed, together with one of the testicles, the skin of the penis stripping off like the finger of a glove, and being cut through near the prepuce. The penis, except that it is entirely divested of skin, is undamaged, and so is the testicle which remains. An attempt which was made to gouge out the man's eyes was successful, it is feared, in destroying the sight of the right eye; but the left is probably not much injured. So far as the man's general condition is concerned, it is hoped, and we believe expected, that he will recover; but it is impossible to foretell what will be the state of the genital organs when they have been submitted to the processes of granulation and cicatrisation.

ST. LUKE'S HOSPITAL.

THE influence of the press has been sufficient to overcome the *vis inertiæ* of the authorities of St. Luke's; and at the meeting of the committee on the 23rd February it was resolved that a letter should be addressed to the Lord Chancellor, requesting that he would cause an independent inquiry to be made as to the condition and management of the hospital. Such an appeal will, we should suppose, be responded to as a matter of course; and we trust the inquiry may be productive of reforms that will render the institution fitted for the accomplishment of its proper work.

"LOSING CARDS."

UNDER the above heading we published, in THE LANCET of the 12th of December, some remarks on the danger to the health of the artisans engaged in the manufacture of cards, first from the several poisonous and injurious pigments used for colouring the cards, but more particularly from the lead employed to enamel them.

These observations elicited a reply from Messrs. De La Rue and Co., which contained the statements, first, that our remarks were "to a considerable extent founded on error;" and, secondly, "that no lead in any form was used in the enameling of playing-cards, either at the back or the front, and the smooth surface so much desiderated is obtained by the use of materials and processes in no way injurious to health."

In order to test the assertions above quoted, the playing-cards of two different makers were purchased, and submitted to analysis, as also one plain visiting-card which happened to be lying upon our table at the time. The cards of the one pack bore the name of Reynolds and Son. It was a very cheap and common pack, costing only a shilling, and with scarcely any gloss or polish of surface. It was therefore not the style of card the analysis of which was likely to afford any very striking results; still lead in some quantity was found in both the white and coloured portions.

The cards of the second pack were inscribed with the name of James English, and cost one-and-sixpence per pack. They were obviously glazed at the back. On submitting the enamel to examination, it furnished an abundance of lead. The visiting-card, also, was found to be glazed with a preparation of lead.

Thus lead was found in all the three descriptions of cards tested, and therefore, although so far as the cards manufactured by Messrs. De La Rue and Co. are concerned nothing injurious to health may be used, yet, as we have shown, the statement we have quoted, that no lead in any form is used in the enameling of cards, cannot be accepted as correct. On the contrary, we appear to be justified in the conclusion that it is very commonly so employed. In some instances, a preparation of zinc is made use of in place of lead, and this, of course, is much less objectionable.

THE DRUNKARD'S OFFSPRING.

THERE is no more important problem in medical science than that of the production of physical degeneracy in children by the intemperance of parents, and it is one peculiarly appropriate for discussion at the present time. A novel point in the consideration of this subject was brought under the notice of the Pathological Society by Dr. Langdon Down on Tuesday last. This gentleman exhibited a case of arrest of development and growth in a child five years of age, who had only the intellectual condition of one of nine months. She weighed 22 lb., and measured 2 ft. 3 in. There was no deformity, but the child preserved its infantile character. Dr. Down called attention to this case as a typical one of a species of degeneracy of which he had seen several examples. They all possessed the same physical and mental peculiarities; they formed, in fact, a natural family. He had known them to live to twenty-two years, still remaining permanent infants—symmetrical in form, just able to stand by the side of a chair, to utter a few monosyllabic sounds, and to be amused with childish toys. Dr. Down (who naturally, from large and rare experience gained at Earlswood, speaks with peculiar authority on such a matter) had found so close a resemblance between the instances, even to the extent of facial expression and contour, that he had been led to regard this variety of degeneracy to have unity of cause. In several cases he had had strong grounds for holding the opinion that these children were procreated during the alcoholic intoxication of one or both progenitors. In the case presented to the Society there were no antecedent hereditary causes of degeneracy to be discovered. The first child was healthy; then the husband became an habitual drunkard, and there is reason to believe that the second and third children were begotten during intoxication, and they were both cases of this peculiar arrest of growth and development. The husband then entered on an industrious and sober career, and the fourth child, now fifteen months old, is bright and normal in every respect. Dr. Down pointed out that these cases were an entirely different class from those which arise from being the offspring of parents who had become degenerate from chronic alcoholism. The question here broached is a very important one for the physician and the philanthropist.

THE BIRMINGHAM BOARD OF GUARDIANS AND THEIR MEDICAL OFFICERS.

THE action of the Birmingham Board of Guardians in reducing the number of their medical staff is still the subject of much local comment. Already the President of the Poor-law Board has been urged by the profession as a body to veto the reduction; and on Friday last another important representation was forwarded to the Poor-law Board, and the following resolution passed at a special Council Meeting of the local Branch of the British Medical Association:—

"That, in the opinion of the Council of this Branch, the proposed reduction of the parish medical officers from eight to five is contrary to the interests of the poor and of the medical profession."

We have already expressed our own opinion of the action of the Birmingham guardians, and we trust that the confirmation of our views by those best capable of forming a judgment from local experience will induce Mr. Goschen to

order a thorough investigation of the matter. Mr. Clay, the guardian by whose advice the changes were said to have been adopted, has published, in the *Birmingham Daily Post*, a long correspondence between himself and Dr. Rogers on the subject. Mr. Clay was really anxious, we now understand, to carry the adoption of the Irish system, and accepted the reduction in the number of the staff as the first step towards the establishment of local dispensaries. The Committee, unfortunately, were frightened at the probable expense of the dispensary system; and on the motion of the chairman of the Board of Guardians (not Mr. Clay) accepted the reduction above. We regret, however, that Mr. Clay did not cease to act on the Committee when his scheme for introducing the Irish system failed.

REPORT OF THE GUARDIANS OF ST. PANCRAS.

THE guardians of St. Pancras have issued a report of their proceedings, under the signature of W. H. Wyatt, Esq., J.P., their chairman. As we have felt it our duty to offer certain criticisms as to the overcrowding of the childrens' wards, and the medical and nursing arrangements of the workhouse, it is only fair that we should commend the general administration of the present Board of Guardians, as being a great advance upon that of their predecessors. Although many of the workhouse wards are still barely fit for human occupation, especially those on the basement floor, the manner in which some of the infirm wards have recently been furnished and decorated reflects the greatest credit upon the guardians; and Mr. Corbet commends with justice the air of cheerfulness and comfort which is so rarely to be found in these overgrown and overcrowded establishments. The chief improvements have been undoubtedly effected in the general treatment of the out-door poor. There is more discrimination, and greater liberality evinced especially towards the sick. Arrangements have been made for the introduction of the dispensary system. Consulting rooms, waiting rooms, dispensaries, &c., have been provided; and the chairman alludes, in a kind of regretful manner, to the delay of the Poor-law Board in issuing the necessary order, as if it were an essential feature in the out-door system of relief, as undoubtedly it is. The guardians are at present labouring under considerable embarrassment from the presence of erysipelas in the workhouse infirmary; and arrangements have been made for the reception of twelve patients into King's College Hospital for the sum of fifty guineas, each patient being calculated to remain one month. There is also considerable overcrowding in other parts of the house, for which the only possible remedy is a diminution of the number of admissions. This ought to be sufficiently easy, because there can be no object in applying "the test" of the workhouse to the aged and infirm.

GENERAL VERSUS SPECIAL.

AN advertisement that appeared in *The Times* this week we think indicates the damage done to old institutions by the establishment of special hospitals. The advertisement is from St. George's Hospital, and states that, notwithstanding the institution has been in operation for 135 years, the governors have felt compelled to close the lately-built new wing, which had yet only made provision for a portion of the beds that had been removed consequent on the alterations for the increased accommodation for the out-patients, and that at the present moment less beds are occupied than in former years. The advertisement appears to answer the objections made to general hospitals, that they do not meet the requirements of the age, and so special hospitals *must* be instituted: for the governors state that they have a ward for diseases peculiar to women, one for children, and one for patients with diseases of the eye; lying-in women are attended at their own homes; and a room has been fitted up with all the requisites for treatment by galvanism and electricity. No expense, they say, has been spared in providing all instruments necessary for the study as well as the treatment of disease. Our own pages testify, by Mr. Brodhurst's lectures, that orthopædic surgery is not forgotten. Lectures on mental diseases are also delivered. In fact, every specialty is attended to; but still sufficient subscriptions cannot be raised to keep the hospital going, and that in the richest neighbourhood of the richest city in Europe!

MEDICAL BENEVOLENT FUND.

TWENTY-ONE applications for assistance were received at the February meeting of the Committee, most of the cases being of a very distressing character, and £135 was dispensed in grants for their relief. One poor woman (the widow of a L.R.C.S.) applied for help to get a sewing-machine. She has been left with two young children, and can earn but little at her needle, having lost the top of the forefinger of her right hand from whitlow; her only means is the little she thus earns, with a scanty dole from the parish. She was granted £10. Two orphan sisters applied, daughters of a M.R.C.S. & L.S.A., a very respectable country practitioner. The mother, a most industrious woman, obtained an appointment, and has supported herself and family for ten years since his death. She is now dead, and one sister has to leave her situation of governess, to nurse the other, who is a great invalid. They were voted £10. We give these cases as samples, and they are but average ones; and we would urge upon our brethren who have not already subscribed to the Fund to do so at once, and assist in relieving the many urgent and distressing cases with which the Committee have to deal month after month throughout the year. The treasurer (Dr. Hare) announced a legacy of £300, duty free, from the late Mr. Bairstow, of Preston; and Mr. Bush handed in a donation of £5 5*s.* from the Clapham Medical Book Society, for which the Committee desire to express their thanks.

THE MEDICAL DEPARTMENT OF THE PRIVY COUNCIL.

WE hear that there is likely soon to be a vacancy in the medical officership of health for St. Giles's. The expected resignation of this appointment by Dr. Buchanan is not improbably connected with important changes which are said to be impending in the Medical Department of the Privy Council. We sincerely hope that this may prove to be the case, and that the marked and special abilities which Dr. Buchanan has manifested for the investigation of questions connected with public health are not to be lost to the country.

MISS NIGHTINGALE'S PAPER ON PAUPERISM.

WE have perused with considerable interest a paper, by Miss Nightingale, in the current number of *Fraser's Magazine*, entitled "A Note on Pauperism." We shall, in all probability, have occasion to recur to the subject hereafter. Like everything from her pen, the style of her "note" is clear and vigorous. She evidently has not the highest opinion of the wisdom of our legislators and political economists. Miss Nightingale has a good many suggestions to make to them about the revision and administration of our Poor Laws; the management of paupers; the better adjustment of the mutual requirements of employers and employed; colonisation and emigration; the reform of thieves,

by teaching them that it is dearer to steal than to work; and much besides,—not to mention the endowment of Poor-law medical officers with such sanitary functions as shall place them in a position to make their supervision of some avail in the removal of nuisances and other causes of disease.

THE admirable addresses delivered by Drs. Acland, Stokes, Gull, and Professors Rolleston and Haughton, at the Oxford meeting of the British Medical Association, are now published in a separate form by Macmillan, under the title of "Medicine in Modern Times."

IT is reported that Mr. John Adams retires from the post of surgeon to the London Hospital, after service in that capacity for a period of twenty years.

PROFESSOR FRANKLAND'S analyses of the waters supplied to the metropolis during February are extremely unsatisfactory as regards some of the companies, and particularly those supplying the districts on the south side of the river, where the samples taken from the mains for analysis were "entirely unfit for domestic use without previous filtration" by the consumers.

WE direct special attention to the facts stated by Mr. Stretton in his letter relative to the refusal of the guardians of the Beverley Union to augment his present petty salary, with the purpose of expressing a hope that his professional brethren will give him every support in their power in any attempt he may make to bring the guardians to a truer estimate of the services he renders to the poor in his capacity of a Poor-law medical officer.

SMALL-POX continues prevalent in Lincoln. The Dispensary Committee are taking steps to enforce the Vaccination Act, the cases of small-pox coming under their notice being all of unvaccinated children.

THE President of the Queen's College, Belfast, reports the continued prosperity of the medical school. The number of students is now 181, against 55 in the year 1850. This increase justifies, it is said, the choice which the original founder of the College made in selecting Belfast as the site of the Northern College, principally in regard to the advantages which the town presents for founding and sustaining a great medical school. The *matériel* of the hospital and school is stated to be satisfactory; the anatomical and medical buildings "are now amongst the best in the kingdom for spaciousness, ventilation, and adaptation to the purposes to which they are devoted."

THERE seems at last to be a fair prospect of the Birmingham Sanatorium finding a suitable site. The committee, at their last meeting, decided on erecting the new building close to Blackwell station, on the Midland line, about fourteen miles from Birmingham. The privilege system has been recently adopted by the committee; this change, together with the selection of a suitable site, will no doubt have the desired effect of increasing the list of subscribers, and enabling the promoters to carry out their scheme in its integrity.

THE Plymouth Town Council and the Home Secretary are at issue about the accommodation necessary for the pauper lunatics of the borough. The justices have lately been informed by letter that their refusal "to erect or otherwise provide a fit and suitable asylum for their pauper lunatics, leaves him (the Home Secretary) no alternative but to enforce the performance of their duty by legal proceedings." The Council show some disposition to fight the question.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

MONDAY, MARCH 1ST.

MR. SOLLY, F.R.S., PRESIDENT, IN THE CHAIR.

ANNUAL MEETING.

ON taking the chair, the President nominated Dr. Begley and Mr. John Croft scrutineers, and declared the ballot open for one hour.

The Auditors' report having been read, its adoption was moved by Dr. WEBSTER. He congratulated the Society on its favourable financial position, but asked leave to say something on the expenditure. A very large sum was spent on foreign literature, both books and journals, and in this respect the collection, as well as the Society, was unique, as far as Europe was concerned, and he thought that the Society was to be congratulated on such a position.

MR. CHARLES HAWKINS seconded the motion. The large receipts, he said, were quite satisfactory, the small expenditure not so much so. The library especially was as yet far from what it should be. They depended, in fact, too much on authors for the presentation of their works; in reality they should have every book—even some non-medical—which a man might want in the course of his researches. He thought they might also do well to enlarge their rooms.

DR. A. P. STEWART defended the management of the library. When he entered office as librarian, the Council was extremely critical as to the works chosen, and the librarians were correspondingly cautious. Now the Council encouraged the spending of money in this way, and it would be good if Mr. Hawkins or any other would lend his aid to the Council in this matter. With regard to other than purely medical books, there were many published which might be admirable, especially works on natural history; but there was a limit even to shelf room. If it was the wish of the Society that such works should be purchased, let it be intimated; but the librarians would not be justified in purchasing them without such an intimation.

MR. CURLING did not agree with Mr. Hawkins as to the way in which they should spend their money. Last year £400 worth of stock had been purchased, but their fee was high, and many young men were kept from joining their Society by this high fee. It would be better to lower the subscription and have such men Fellows than to fund their money.

MR. PARTRIDGE hoped the Society would not listen to this proposition. If they compared their subscription with what was paid to general libraries only a few years back, there would be found little reason for complaint were it on these grounds alone. But, as they had "Transactions" and "Proceedings," they really paid as their subscription only two guineas. If the number of members were too greatly extended, there would be a want of facilities which they now possessed.

The report of the President and Council was then read. It alluded to their large annual income (now larger than ever), the great number of Fellows (667, or 26 more than last year), to the purchase of £400 stock (the total belonging to the Society now amounting to £3400), and to the changes in the bye-laws of the Society. The Society has at present one scientific Committee on the Value of Electricity as a Remedial Agent; and a Committee appointed to consider the proposed amalgamation of the Societies was now prepared to lay its report before the Council, after which, if approved, it would be laid before a general meeting of the Fellows. It was announced that Dr. Stewart was at work on a general index of the last seventeen volumes of their "Transactions" after the plan adopted by Dr. Hennen, which it was hoped would be ready for distribution before next annual meeting. The photographic collection, which had been superintended by Dr. Wright, had lost its prime mover, but Dr. Arthur Farre had offered to take it in charge.

Dr. Greenhow proposed the adoption of the report and a special vote of thanks to Dr. Stewart. He objected to the general library system, but would rather aim at making the library the best medical library in the kingdom.

Dr. Broadbent seconded. He was glad to hear that the report of the Committee on the Amalgamation of the Societies was about to be made public.

Mr. C. Hawkins took an extended view of what a medical library should be. It should contain every work a medical man could want in the course of his researches.

Dr. Webster thought it should rather be extended in the foreign department. Italian literature especially was undergoing a revival, and many Italian journals were now published which deserved notice. He would prefer this; ordinary libraries might provide the other.

Dr. Stewart said that if Dr. Webster or any other Fellow knew of any good book he had only to put it down in the book set apart for that purpose, and he would be doing a good service.

The President corroborated Dr. Stewart. Deficiencies of the kind alluded to rested with the Fellows rather than the office-bearers. He thought they could not spend their money better.

Mr. De Méric said that, with regard to journals, there was a preponderance of German works to the detriment of the periodicals of other nations. If the matter was investigated, it would be found that the list might be much cut down, and works of other nations substituted.

THE PRESIDENT'S ADDRESS.

Gentlemen,—The sand of my hour-glass, as your President, has nearly run out, but before my presidential existence terminates I must say a few words in farewell. Most sincerely I thank you all, both the Fellows in office and out of office, for the kindness and assistance I have met with in the performance of my official duties. My thanks are also due to Mr. Wheatley. These duties have been most interesting; but I should not be speaking the truth if I did not allow that they have been arduous, and that I am not sorry that they are about to terminate. Nevertheless, when I subside again into the ordinary citizen, I trust that I may still be permitted to be of use and help to forward the darling dream of my presidential longings—the change of name of the Society to that of the Royal Academy of Medicine, or the Royal Society of Medicine and Surgery, the amalgamation of the other societies of London, and the occupation of a building worthy of our noble profession. I hope and believe that I may be able, as an ordinary Fellow, to promote this object, and with God's will this mighty scheme may be accomplished. When I consider on whose shoulders the presidential mantle is now about to fall, I rejoice in believing that no man is so likely to carry weight and personal influence, from his high position in the profession, and the esteem in which he is held for his scientific knowledge, moral worth, and honest energy in the promotion of all that is good and true, and I cannot doubt of its success. All who have worked on the Amalgamation Committee, and the work has not been trifling, twelve meetings having been held, have worked with earnestness and good will. Those representing individual societies have, while guarding the interest of their own societies, shown a becoming consideration to the whole profession, without which no plan could be perfected. The plan, as completed by the Amalgamation Committee, has just been submitted to our own Council for their approval, but I have reason to believe that it cannot now be long before you will be summoned to a special general meeting to consider the whole matter, and I am sure that you will come here prepared to give it your careful and candid consideration.

The following is the "Amalgamation" report:—

The Committee appointed by the Council of the Royal Medical Chirurgical Society, consisting of Mr. Solly, President; Dr. Pitman and Mr. Moore, Treasurers; Dr. Hyde Salter, Dr. Sanderson, Dr. Tyler Smith, Mr. Holmes, and Mr. Spencer Smith, with Dr. William Ogle and Mr. Gascoyen, Honorary Secretaries; "to consider and report whether any, and if any what, steps should be taken to unite the several medical societies of London, or any of them," beg leave to report that, in their opinion, it is desirable that steps be taken to secure the union of various societies now existing in London for the cultivation of special branches of medicine and of the allied sciences, and they submit the following resolutions for adoption as the basis of a scheme for effecting such union.

1. That a new society be formed to be entitled the Royal Academy of Medicine; and that this Academy comprise sections for all the main branches of medicine and the collateral sciences.

2. That the following sections be formed:—Medicine and surgery, obstetrics, psychological medicine, clinical medicine and surgery, pathology and morbid anatomy, state medicine, physiology and anatomy, materia medica and pharmacy, comparative pathology.

3. That the general management of the Royal Academy of Medicine be under the control of a General Council, consisting of a president, two treasurers, two librarians, two secretaries, the presidents of the various sections, and four additional members, to be elected annually.

4. That the presidents of the several sections be *ex officio* vice-presidents of the Academy, as well as members of the General Council.

5. That each of the following sections—medicine and surgery, obstetrics, clinical medicine and surgery, pathology and morbid anatomy, nominate one of the four additional members to the General Council.

6. That the president, treasurers, librarians, and secretaries be nominated by the General Council.

7. That all the members of the General Council be elected by the Academy at a general meeting.

8. That the president of the Academy be chosen annually from amongst the past or present presidents of sections, and be ineligible for re-election; and that, on his election, the president of the Academy cease to be president of a section.

9. That the treasurers, librarians, and secretaries be elected annually from the general body of the fellows; and that they be not allowed to hold other offices in the Academy, or in any of the sections.

10. That the moneys, books, premises, and other properties belonging to any of the societies who shall join in the proposed amalgamation become the property of the Royal Academy of Medicine; and that the entire management of the funds of the Academy be in the hands of the General Council.

11. That there be at least three trustees, in whom the property of the Academy shall be vested; that they be nominated by the General Council and elected by the Academy at a general meeting, and that their appointments be permanent.

12. That all present fellows or members of the following societies—viz., the Royal Medical and Chirurgical, the Pathological, the Epidemiological, the Obstetrical, the Clinical, and the Psychological Association, be original fellows of the Royal Academy of Medicine without further nomination or election, provided they make the payments hereafter to be mentioned.

13. That new fellows, for the future, be admitted into the Academy by nomination and election, as at present is arranged in the Royal Medical and Chirurgical Society; and that their recommendation be signed by three fellows of the Academy, two of whom, at least, shall be members of a section to which the candidate declares himself desirous of becoming attached.

14. That the payments and privileges of new fellows be arranged on the following scale, as each shall choose:—*a.* An admission fee of three guineas, and in addition an annual contribution of two guineas, which shall constitute the fellow a member of any one section which he may elect, and entitle him to the use of the library and reading-room, and to a copy of the Transactions and Proceedings of such section. *b.* An admission fee of six guineas, and in addition an annual contribution of three guineas, which shall constitute the fellow a member of any three sections which he may elect, and entitle him to the use of the library and reading-room, and to a copy of the Transactions and Proceedings of such sections. *c.* An admission fee of ten guineas, and in addition an annual contribution of four guineas, which shall constitute the fellow a member of all the sections, and entitle him to the use of the library and reading-room, and to a copy of the Transactions and Proceedings of the several sections.

15. That the original fellows make the same payments, and enjoy the same privileges, as the new fellows; but that they be allowed to deduct from their admission fee into the

Academy, such sums as they have paid as admission fees into any of the societies enumerated in Clause 12, as provided in the bye-laws of those societies.

16. That any fellow, who, at any period subsequent to his election into the Academy, shall wish to join other sections in addition to those of which he is already a member, be eligible for election into them; and that, if so elected, he pay such sum as may be requisite to make up the difference between the admission fee which he has already paid, and that which is required according to the scale laid down in Clause 14, and that his annual contribution be also re-adjusted in accordance with the same scale.

17. That any fellow who shall wish to leave one section of the Academy and join another, be eligible for election into such other section in the ordinary manner; and that, if so elected, he pay an admission fee of one guinea.

18. That any registered medical practitioner, on complying with the regulations required, be eligible for election as an associate of the Royal Academy of Medicine on payment of an admission fee of one guinea and an annual contribution of one guinea, which shall entitle him to attend the meetings of any one of the sections, and also to a copy of the Transactions and Proceedings of such section; and that the manner of election of such associate be regulated by each section as it may think fit.

19. That no present fellow or member of any of the societies enumerated in Clause 12 be required to pay the admission fee of one guinea on becoming an associate of the Academy.

20. That the members and associates of each separate section elect annually the Council of that section; and that such Council consist of a president, two secretaries, and such number of other councillors as shall hereafter be arranged.

21. That the Council of each section have the entire control of the internal business of their own section, subject to such general arrangements as shall be made by the General Council of the Academy; and that they publish annually, or at such periods as shall hereafter be arranged, the Transactions of their own section, provided the expenditure of each section, for Transactions and other special purposes, do not exceed one-half of the income derived from the annual subscriptions of the members and associates.

22. That the General Council of the Academy may, under special circumstances, make special grants in aid of the publication of Transactions or other expenses of any section.

23. That the proposed Academy comprise a grade of honorary fellows, to be elected for life from British subjects who have eminently distinguished themselves in medicine or surgery or in the sciences connected therewith, but who do not practise the medical profession; and from foreigners who have eminently distinguished themselves in medicine or surgery or in the sciences connected therewith. That such honorary fellows be elected by the Academy at a general meeting, on the recommendation of the Council.

Should the scheme, embodied in the above resolutions, be approved by a majority of the societies concerned, the committee beg to recommend to the Council that a general committee, consisting of three members nominated by the Council of each of those societies, be formed and that this committee draw up, with legal advice, a code of laws and regulations on the agreed basis, which shall then be submitted to each society for its approval.

The President proceeded to state that a larger number of fellows joined last year than in any previous one; that the volume of Transactions hardly keeps up its character; but this had, in his opinion, arisen from the rejection of two papers of great interest and intrinsic value. Mr. Solly then referred to those who had been taken from the Society by death:—Mr. Hodgson, Dr. H. G. Wright, Dr. E. Phillips, Mr. William Colbourne, M. Matteucci, Dr. William Mackenzie (Glasgow), Dr. Henry Brown (Windsor), Dr. Hillier, Dr. Pidduck, and Dr. Wardrop.

Dr. ROBERT LEE then proposed a special vote of thanks to Mr. Solly for his conduct during his occupation of the Presidency. Thirty years ago Dr. Lee became Secretary to the Society, and it was then apparently at its last gasp; no discussion was allowed, and there were no papers to discuss. There was no paper he could face the Society with, so he had to write one himself, and his various papers were thus produced. He had been warned by Mr. Arnott against joining the Society. He vehemently opposed amalgamation. The Society would stand or fall by its "Transactions," not by the number of its members. It should be a select society, and he was opposed to lowering the franchise, so to speak. They should try to get the best men to work.

Mr. SPENCER WELLS was delighted to second Dr. Lee's motion. They had often met in opposition, but had always remained good personal friends. Young men should be encouraged, and he hoped to see both the President and Dr. Lee often there to give them countenance.

Mr. DIXON then proposed a vote of thanks to Dr. Pitman, the retiring treasurer, and Dr. Stewart, the retiring librarian, as well as other retiring members of Council. Both, he knew, had wished to retire years ago, and had only consented to retain office at the special request of the Council.

Mr. CALLENDER seconded. He alluded to the many books of reference Dr. Stewart had been instrumental in procuring.

The PRESIDENT finally alluded to the importance of retaining the services of a certain number of men on the Council, as they thus became authorities as to laws and usages which would otherwise have remained unknown to the rest of the Council. He had found this in his own experience.

At ten minutes past nine the scrutineers retired to examine the lists, and on their return the President announced the result of the ballot for officers and Council for 1869-70 as follows (those gentlemen to whose names an asterisk is prefixed not having been on the Council or not having filled the same office last year):—President: *George Burrows, M.D., F.R.S. Vice-Presidents: Henry William Fuller, M.D., Edward Meryon, M.D., *Henry Hancock, Henry Lee. Treasurers: *Patrick Black, M.D., Charles Hewitt Moore. Secretaries: William Ogle, M.D., George Green Gascoyen. Librarians: *Thomas King Chambers, M.D., Charles Brooke, F.R.S. Other members of Council: *John Hall Davis, M.D., *Samuel Osborne Habershon, M.D., *Thomas Bevill Peacock, M.D., Henry Hyde Salter, M.D., F.R.S., *John Burdon Sanderson, M.D., F.R.S., Bernard Edward Brodhurst, John Cooper Forster, John Gregory Forbes, *Timothy Holmes, *Sir Henry Thompson.

The meeting then adjourned.

TUESDAY, FEBRUARY 23RD, 1869.

CASE OF SEVERE WOUND OF THE KNEE-JOINT, TREATED SUCCESSFULLY, AND WITHOUT SUPPURATION, BY EARLY, EXTENSIVE, AND REPEATED COUNTER-IRRITATION OF THE THIGH AND LEG: AN ILLUSTRATION OF A NEW MODE OF TREATING INFLAMMATION.

BY FURNEAUX JORDAN, F.R.C.S.,

SURGEON TO THE QUEEN'S HOSPITAL, BIRMINGHAM.

A YOUNG man was admitted into the Queen's Hospital, with an incised gaping wound at the front of the right knee-joint, two inches and a half in length. The wound was closed with silver stitches, the joint compressed with cotton-wool and bandages, and a splint applied. Inflammatory symptoms occurred on the second day, and blistering over the femoral and anterior tibial arteries was immediately resorted to, and counter-irritation was kept up by the use of iodine. After counter-irritation was established, not a single unfavourable symptom occurred. Mr. Jordan observed that inflammation is everywhere the same, but the remedies are numberless. We ought to use the best remedies in all inflammations. The best remedies are those which suspend the conditions which permit inflammation to exist. Those conditions he considered to be, briefly, these:—Extended space,—no part can inflame if restrained within its physiological space; increased quantity of blood,—no part can inflame with the blood of health. Other and less essential conditions are that there should be no other prosperous inflammation; that there should be unrest; and that there should be a cause. These conditions should be removed in every inflammation by pressure on the inflamed part, counter-irritation over the next vascular territory, rest, elevated position, and—where practicable—removal of the cause. It is in our power to make any given inflammation be the less prosperous of two inflammation. We may do much to prevent probable and expected inflammations by counter-irritation. We might prevent cardiac inflammation in acute rheumatism, peritonitis in wounds and operations opening the abdomen, suppurative synovitis in wounds of joints, &c.

Mr. CHARLES MOORE wished to ask why the counter-irritation was applied over the artery.

Mr. CARR JACKSON said that he had treated a few cases of orchitis in the manner recommended by Mr. Furneaux Jordan, by painting the scrotum with a strong solution of nitrate of silver (two drachms to an ounce), and with very good results.

Mr. BRAMWELL observed that the paper contained much which required careful consideration, but that the sermon was, he thought, carried beyond the limits of the text. A single successful case, treated by blistering, was very interesting; but should we therefore lay aside all other remedies? Mr. Bramwell referred to three cases of wound of the knee-joint that had done well under his observation, and remarked upon the differences between individuals with regard to their powers of repair. The history of Mr. Jordan's patient showed him to be a man not of irritable disposition or inflammatory habit.

Dr. ANSTIE inquired why the two essentially different remedies, a blister and the actual cautery, should be called by one name. The amount of disturbance produced was very different in the two cases. Assuming that the action of the actual cautery was analogous to that of a blister, he still objected to the word "counter-irritation" as hiding a false idea, as being a barbarism in language and mischievous to thought. With regard to the situation of the blisters, Mr. Jordan appeared to select a contiguous independent vascular tract, under the belief that some influence upon the calibre of the vessels was exerted directly through the sympathetic; but it was more probable that the vaso-motor nerves were influenced by a reflex action through the sensory filaments.

Mr. SAVORY said that the scope of the paper was far too wide for the debate of a single evening; but he wished to raise one or two questions. He doubted that incised wounds of the knee-joint were so hazardous as the author supposed, and referred to the operation for the removal of false cartilage. He thought that of all the remedies used against inflammation pressure was the most hazardous and the most mischievous, and urged that pressure made by the surgeon must always be incomplete—always less complete, for example, than the pressure produced in a case of inflamed bone.

Mr. BIRKETT said that wounds of the knee-joint were very rare, but less dangerous, according to his experience, than in that of the author. He referred to three cases, two of incised wound and one of contused wound, in which recovery took place.

Mr. SOLLY's experience of forty years enabled him to confirm Mr. Birkett's statement with regard to the curability of such cases. He (Mr. Solly) attached great importance to the administration of an efficient purgative soon after the injury, so as to remove all irritating secretions from the bowels.

Mr. BRUCE related a case of very severe injury to the knee-joint, that he saw when visiting the Belfast Hospital. The patient fell upon the edge of a curb-stone, and cut the joint open transversely, through the middle of the patella. In clearing out coagula from the joint, the fingers of the surgeon came in contact with the crucial ligaments. The wound was dressed with carbolic acid, and pressure was applied to the femoral artery. A good cure was the result.

Mr. THOMAS SMITH thanked the author for his paper, but differed very much from his opinions. He related a case in which Mr. Paget had removed the entire patella, and which did well. He inquired how Mr. Jordan applied his method to common inflammatory diseases,—e.g., to boils and carbuncles.

Mr. WEEDEN COOKE mentioned a case in which a blister to the back of the thigh appeared to arrest inflammation of the head of the tibia.

Mr. FURNEAUX JORDAN replied at great length. He said that he usually blistered in stripes, and that he applied these stripes along the course of main arteries in order to obtain sheltered positions, and also because he thus hoped to influence both the vascular and the nervous trunks. He attached no importance to the term counter-irritation, and would gladly accept a better one from Dr. Anstie. His idea was to excite another inflammation; and perhaps "distant irritation" might convey this idea. He regarded contused wounds of the knee-joint as being far less dangerous than simple incised wounds. The bruising and laceration of the soft parts around acted as a counter-irritant to preserve the joint from destructive inflammation. He believed there was no inflammation in which moderate pressure was not useful,—pressure that stopped short of producing pain. In treating common inflammation, such as a boil or carbuncle, he would surround it with a broad belt of artificial irritation, at some little distance; and in erysipelas of one thigh he would blister the other. He was not accustomed to open the knee-joint for the removal of false cartilages; but employed a subcutaneous incision. If he wished to open the knee-joint, he would prefer making a bruised wound to an incised one.

Mr. SOLLY referred to Mr. Jordan's treatment of carbuncle, in order to express his own unshaken belief in the value of incisions.

DESCRIPTION OF A DISLOCATION OF THE HEAD OF THE FEMUR, COMPLICATED WITH ITS FRACTURE: WITH REMARKS.

BY JOHN BIRKETT, F.R.C.S.,
SURGEON TO GUY'S HOSPITAL.

The injury occurred to a female, thirty-five years old, and was produced by a fall from a height. The indications of displacement of the head of the femur on to the dorsum ilii were apparent. The woman was killed by injuries inflicted on the brain; and, after death, the head of the left femur was found resting on the dorsum ilii, a little above the acetabulum. A piece of the head of the bone was broken off, and lay in the acetabulum, retained there by the ligamentum teres, which was very slightly torn. The author alluded to the rarity of the injury, the mechanism of its production, and its clinical importance.

Mr. SOLLY said that he had at one time doubted the possibility of fracture of the head of the femur together with dislocation, but that he had recently heard of a case. He pointed out that the complication might be suspected when the dislocation could be reduced but not retained in position.

Mr. BIRKETT made some observations upon the probable direction of the force by which the injury had been caused.

THE NEW NOMENCLATURE OF DISEASES.

THE profession will be interested in the following speech addressed by Sir Thomas Watson to the Chancellor of the Exchequer, in reference to the new nomenclature of diseases, and on behalf of the deputation which waited on the right hon. gentleman last week. It has been kindly furnished us by Sir Thomas Watson.

Sir,—We have the honour to approach you to prefer a petition for a boon which, if it be granted, will indeed be esteemed as a great favour done to us, your petitioners; but, what is much more to the purpose, which will also be a very considerable benefit to the community. In deference to the value of your time, Sir, I will state our case and our object in words as few as I can contrive to make them.

For several years past, a committee of the College of Physicians have been engaged in revising and settling a nomenclature of diseases. For this purpose the College invited and obtained the sanction and co-operation of various competent judges of that matter—without and beyond their own body—of the heads of the medical department of the army, of the navy, and of the India Board; of the representatives of the Registrar-Generals of England, of Scotland, and of Ireland; of the medical officer of the Privy Council; of two of the Commissioners in Lunacy; of the presidents, for the time being, of the College of Surgeons; of the masters, for the time being, of the Society of Apothecaries; and of other experts. At length, after many inevitable interruptions, and after pains and labour almost incredible, on the part of some of us, the work has been completed.

I need not weary you, Sir, by saying much about the objects and the uses of such a work. A uniform nomenclature of diseases, in which the same name shall always signify the same thing, and no other, is plainly indispensable for the gathering in of trustworthy statistical information and knowledge respecting disease. And it is to trustworthy statistics that we most of all look for learning what are the causes—sporadic, endemic, or epidemic—of diseases in general; and for our best hope of discovering how to

prevent, remove, or mitigate them. In our nomenclature, we have not restricted ourselves to the wants of this kingdom. Alongside of our own vernacular text, we have placed a list of synonyms in the Latin language, which is the ancient language of science; and in the three principal languages of modern Europe—the French, the German, and the Italian; hoping that the nomenclature which we have thus taken pains to make correct and uniform may, by degrees, and at length, come into general use, and conduce to the improvement of medical science throughout the civilised world. It is superfluous almost to say that if the same disease bearing different names, or different diseases bear the same name in different places, all statistical returns from such places to a common store must, *pro tanto*, be not only worthless, but misleading. What we ask, Sir, is aid from the Government towards making this instrument of good really effective, to put it in action, to enable it to execute its purpose. We ask the Government to put it into the hands of every registered practiser of medicine in England, Scotland, and Ireland. Without such aid it certainly will not reach beyond a small fraction of these persons; and the returns which are made to the Registrar-General of deaths, and the statistics of disease generally, will be proportionately defective, faulty, conflicting, and unusable, and our main purpose in constructing this nomenclature will be defeated.

Sir, the medical profession in this country, taken altogether, is a very needy profession. Most or many of the men who labour in it in the provinces have nothing whatever to spare; live a painful hand-to-mouth life; and of very many of them it may be said, as was said of Robert Levet in the last century,

> "The modest wants of every day,
> The toil of every day supplies."

These men are nevertheless called upon for gratuitous service to the State. They furnish to the Registrar-Generals, at the behest of the Government, certificates of death—which is as ubiquitous as they themselves are; and they thus acquire, as we think and urge, something like a claim for the small boon which we are asking, not for ourselves, personally or corporately, but for them, and through them for the nation. It is hard, Sir, in our opinion, that these men, having no special interest in the matter, should be expected, not merely to supply, at some expense of time and trouble to themselves, the requisite certificates, but to purchase at their own cost the means whereby alone they can make their returns complete or useful. It is an expense to which we, Sir, the joint producers of the work, are not equal. We ask you to give this little boon to the civil servants of the Crown in the medical profession throughout these realms, as it has already been given to the servants of the Crown other than civil. For, Sir, the Secretary of State for War, the Board of Admiralty, the Secretary of State for India, have all and severally adopted our book, and distributed it, or are about to distribute it, to the medical officers in their respective departments; after prefixing to it a fresh title-page of their own, and expressly stamping it as being issued by authority, and thereby enforcing and insuring its use. The Registrar-General for Scotland has petitioned for its circulation in that part of the kingdom; and the Registrar-General for England, though I fear he does not lend his countenance to our present application, approves of the book, and is introducing, within his own domain, its terminology.

Sir, I am quite aware that no argument of ours would commend itself to your acceptance by the slightest admixture, by any the most delicate flavour, of personal flattery. It is not in any spirit of compliment to you, Sir, but as a ground for encouragement among ourselves, that I venture to say why we feel more confident hope of obtaining what we ask from yourself than we might from almost any other person who happened to occupy your high office. We all know, Sir, from public and conspicuous acts and measures of yours, how deep an interest you take, and have long taken, in the education of the nation. We infer that you must take, at least, no less interest in its health. The two things are closely akin. The blessings of education want half their worth and zest, if they are not accompanied by good health. The blessing of good health, great as it is, is but a limited and vulgar blessing, if it be not gilded and refined and elevated by education. We are sure that you would willingly promote them both. We remember, Sir, with admiration and gratitude, the active part you took, and the sagacity you displayed, as a member of the Cattle-Plague Commission; and we feel persuaded that the interest you then manifested on behalf of the *corpora vilia* of bullocks may be taken as a pledge of the still greater interest which you must necessarily take in promoting the freedom from disease of the nobler human carcase. We believe that to you, Sir, the profession is indebted for the great advantage which it and the nation have reaped, and are reaping, from the appointment of the present Officer of Health of the Privy Council, who, though not present in person among your suppliants to-day, is with us in spirit. We call to mind, moreover, the constituency which you represent—which, if I may be permitted to say so, you so fitly represent—in the House of Commons. Of that constituency, a very large proportion consists of medical graduates; and among them are many of the most esteemed and distinguished of our brethren.

Upon these various grounds, Sir, we are emboldened to count, without presumption I trust, upon your friendly sympathy with us, and to hope for your favourable consideration of our humble petition.

Permit me to urge upon you, Sir, in conclusion, this important fact, that the boon we solicit is a very small one—small in comparison with the general good which it is calculated to purchase—homœopathically small, when compared with the enormous revenues and expenditure of this great country, which it is your peculiar province to administer. This is a plea, Sir, which, no doubt, you must often have to encounter; but we, in particular, can advance it with the more assurance, because, though what we ask for is *money*, our petition is not open to the imputation, nor debased by the minutest alloy, of selfishness. When we seek to stem and limit the progress of disease among our people—and that is our true and ultimate object—we seek what, in a pecuniary point of view, must be detrimental to our profession; we are asking you to help us to kill—if, indeed, she be mortal—our goose with the golden eggs. The smallness of the sum we beg for will, we trust, assist in winning your favour; and of this we are fully convinced, that its concession on your part—while it may most truly, and perhaps by ignorant persons sneeringly, be regarded as an act of penny wisdom—can by no risk or possibility ever become chargeable with pound foolishness.

HOSPITAL ADMINISTRATION.

A CROWDED meeting of the Metropolitan Branch of the British Medical Association was held at 32A, George-street, Hanover-square, on Thursday, the 25th ult., Mr. Erichsen in the chair, to discuss the question of the present system of hospital administration, and to take steps to forward such reforms as seemed desirable.

Mr. ERNEST HART opened the discussion, and observed that he would best forward the object they had in view if he dealt with his subject in the briefest possible manner. He believed that no solution of the question, which was no new one in the profession, was at present possible. In the first place, the profession was scarcely agreed as to the defects which existed in the distribution of medical relief, or the means of putting a stop to the existing evils consequent on improper gratuitous advice. At one hospital recently, when it was proposed that some payment should be exacted from certain patients, the objectors to this suggestion were the medical officers. It was the great privilege of our profession to devote time and labour to those who have nothing to offer but thanks for our services; and it was our lot to go from the bedside of the rich to that of the poor man, and to distribute without stint to the poor some part of that skill for which the rich man liberally paid. It was the feeling of many that no check should be put upon this privilege; but he had no doubt that he would carry the majority with him when he declared that, as now administered, medical relief was not an unmixed good. There were some 1,800,000 persons said to be receiving medical alms. It was necessary to ask to what extent the profession was responsible for this, in its relation to the public. The latter generally follow the dicta of medical men, and the indications afforded by them. Rich and charitable men were loth

to withhold support when the profession showed itself willing to give their time and services gratuitously, believing, of course, that the latter fact was a guarantee or demand for such support. Well, there are two classes of cases who should be excluded from hospitals—the pauper sick, and those who really possess means of paying. People have been educated to the fact that the one thing in the world which they need not buy is medical relief; the lawyer and the clergyman must be paid, but not the doctor. How is the present indiscriminate giving of medical alms to be checked? It was necessary to devise some means of knowing the relative claims of applicants, whether this or that illness would entail hardship, or cripple the persons seeking assistance; and steps should be taken to encourage to a greater extent habits of providence amongst the well-to-do of the lower classes, who should be also taught that medical relief could not be obtained for nought. The kind of remedy would be a sliding scale of payment for those applicants who could pay, to be enforced somehow at provident dispensaries, or at hospitals, as might be thought proper. With regard to the present system of admission by governors' letters, Mr. Hart observed that once admit the principle that relief should be given to the most necessitous persons, and then any system which enables persons to obtain privileges for their own servants and dependants is an encroachment on the general rights of applicants. The privileged system is doomed, and only exists in consequence of the isolation of hospitals from one another as concerns their administration. Mr. Hart next referred to special institutions, showing the injury they inflicted upon the course of medical education, and the extravagance of their expenditure in comparison with general hospitals, and he argued that the completion of the special departments of hospitals would render their existence unnecessary; but no good result would follow except the public were impressed with the harm they do. After referring to the want of a uniform system of keeping accounts and reporting of the doings of hospitals, the speaker suggested that a committee should be appointed to consider and report on the topics to which he had referred, so as to invite the attention of lay governors, with the view of bringing the matter under the notice of Parliament.

The PRESIDENT suggested that the meeting should confine itself to the discussion of the question of the existence or not of abuse of medical relief.

Dr. HAWKESLEY advocated the plan of having inspecting officers and committees in large towns and districts, who should define who were and who were not fit applicants for charitable relief.

Mr. FRENCH, who thought that the attitude of the profession was somewhat akin to that of a strike, was met by Mr. CLARKE with the rejoinder that the question at issue was one in which the public interest was mainly concerned, and that the present agitation was in no sense a doctors' strike. The medical profession came to the aid of the public, who were being robbed.

Mr. T. HOLMES thought it was necessary to consider what was meant by the word "hospital." The workhouse infirmaries were similar to the London hospitals, and the bulk of the patients were alike in the two cases; hence any reform in administration would apply equally to both, and they should be amalgamated. He objected to the volunteer relieving officer of Dr. Hawksley in the belief that he could not be a fit judge of the wants of the poor, to the suggestion that medical officers should be compelled to determine the character of those who applied for relief, and to the system of payment. He desired a special inquiry into the matter.

Mr. HECKSTALL SMITH observed that the classes of patients admitted into workhouse infirmaries were different from those who are or should be admitted into hospitals, the latter belonging to a section of the community who have not been recognised by the relieving officers as paupers, and yet who cannot afford to pay a doctor.

Dr. OPPERT would not turn all the hospitals into provident dispensaries, but exclude persons not entitled fairly to relief—all who could not produce a certain certificate of poverty; a plan successfully carried out at Lyons. There need be no degradation at all involved in the possession of a certificate of the kind he meant.

Mr. MAUNDER thought that notices might be suspended at the hospital gates to the effect that persons not proper objects for the charity would not be admitted, the same to be inscribed on all hospital letters, and that one or more inspectors should be engaged by the hospital to investigate the status of applicants. Any monetary sliding scale would, if adopted, tend to take money out of the pockets of the general practitioner.

Mr. LAURENCE said that the suggestions of Mr. Maunder were carried out at St. Bartholomew's Hospital, and that it was a success.

Dr. WALLER LEWIS thought there was certainly a class above the poor containing fit objects for medical hospital relief, those to whom a long illness, or a severe operation with its attendant lying-up and incidental expenses, would be ruin to themselves and their families. He knew that many governors were anxious for some more satisfactory definition of those who are really proper objects for gratuitous hospital treatment.

Mr. CURGENVEN spoke of the large number of persons who most improperly went to hospitals without let or hindrance, such as tradesmen's wives.

Dr. STEWART thought the profession responsible to the public, and that our public institutions were great breeders of pauperism. He advocated the appointment of inspectors, so as to relieve the physicians from a duty they have no right to perform, that of investigating the means of patients. One lady governor he remembered gave in one year 912 out-patients' letters. He deprecated the free dispensary system, and the unfair way in which statistics of attendances at hospitals are put together.

Mr. C. HEATH said that, at University College Hospital, under the will of a benefactor, there was a power of giving relief in kind in a few carefully selected cases. He did not advocate a lowering of consultation fees; but there were cases in which persons requiring further medical opinion might be allowed to have it at a reduced fee. He had for some years sent away applicants from his hospital if they were not proper cases. Patients came to the London hospitals from the country; and these would probably pay something if the matter were put before them in a proper way.

Mr. RIVINGTON said that there were three chief evils. There were too many applicants: this should be remedied by some kind of scrutiny. Secondly, there were too many patients to be seen: to meet this, the medical staffs of hospitals should be increased. Thirdly, the medical officers of hospitals, who ought to be paid, got nothing.

Mr. WALTER COULSON moved, and Dr. ANDREW CLARK seconded, the adjournment of the discussion. This was carried, and it was left to the President and Secretaries to arrange the time and place for the adjourned meeting.

ABSTRACT OF

THE GULSTONIAN LECTURES

ON

CERTAIN POINTS IN THE STUDY AND CLASSIFICATION OF DISEASES OF THE NERVOUS SYSTEM.

Delivered at the Royal College of Physicians.

BY J. HUGHLINGS JACKSON, M.D., F.R.C.P.

LECTURE II.

CONTINUING the subject of the Medical Physiology of the Cerebral Hemisphere, the lecturer gave a condensed account of some of the innumerable varieties of defects of speech which attend disease of, and of the hemisphere near to, the corpus striatum on one side, usually the left. He thought, with regard to the patient's mental condition, it was above all most important to bear in mind the lapse of time from the seizure, and mentioned cases in illustration. He related cases of *temporary* loss of speech presumably from embolism, in which cases, as in those of permanent loss of speech, there was an inability to write as well as to speak. He thought that specimens of writing from patients so suffering were much needed. In some cases of temporary loss of speech occurring with unilateral spasm the patient could

write. He spoke of children speechless from birth, and alluded to the bearing of these cases on the important hypothesis put forward independently, and almost contemporaneously, by Broca and Moxon. He tried to show that defects of speech should be classified on the same fundamental principle as grossly motor defects—into those implying destruction and into those implying instability of nervous tissue; or, in other words, into those in which there is diminution of power to speak, and those in which the defect is disorder of speech—*e. g.*, mistakes in words. He believes the mental condition is different in the two classes of cases.

With a view to support still further the doctrine of localisation he holds, he tried to show from the phenomena of some cases of hemispasm (occurring with disease of one cerebral hemisphere), that there is an order of frequency in the parts in which the spasm commences, and pointed out that there is also a "compound sequence" in the march of the spasm. He insisted on the necessity of recording what is seen to take place in the simplest cases of convulsion, and hoped that from analysing the "compound sequences" in these cases, we may learn something of the internal relations given to muscular regions which externally are widely separated. He pointed out that the phenomena of hemispasm show that muscles acting bilaterally are practically *equally* connected with each of the corpora striata—a conclusion which Dr. Broadbent had some years ago arrived at deductively. The phenomena of the severest cases of hemispasm from disease of one hemisphere, however, in which both sides of the body are convulsed, led him to a modification of Broadbent's hypothesis. Thus, taking one side of the brain, the right, the lecturer thinks the muscles acting unilaterally, both of the left and of the right side of the body, are represented in the right side of the brain, but that the muscles of the left side of the body are especially represented there—1st, more in quantity, for they are more affected when the hemisphere discharges: 2ndly, first in time (instability), for they are affected before those of the right side. He thinks that, having from the study of the effects of want of action and of "over-action" of the corpus striatum, arrived at a better knowledge of the plan of composition of one nervous organ, we may fairly use this knowledge as a means of further investigation. He thinks that Broadbent's hypothesis, and the facts which so strikingly confirm it, help us to a better understanding of the action of *two* hemispheres in mental processes. From a consideration of the phenomena of such cases as that of a man (the left side of whose brain was damaged) who could not speak, but could understand what was said to him, who could not write, but could copy writing, and who might ejaculate—from the consideration of such a case, the lecturer was led to believe that the fundamental defect in loss of speech from disease in one hemisphere is inability to reproduce words voluntarily, because the leading motor part of one (the left) side of the brain is damaged. Involuntary reproduction (understanding words) remains possible, because the automatic side (right) is intact. Thus, reduced to its simplest form, loss of speech corresponds to hemiplegia, in which form of palsy the voluntary movements are lost, the involuntary preserved. In other words, it seems that the "unit of action" of the nervous system is—as we might expect from the organism being a two-sided one—double the unit of composition. There is, however, a difference betwixt damage to the corpus striatum and damage to the hemisphere just above it—viz., that whilst damage to *either* of the corpora striata produces, practically, the same effect—viz., loss of the most voluntary movements of the limbs on but *one* side of the body, damage to *but one side* of the brain—usually the left—will destroy voluntary speech altogether. This, however, is not the objection it, at first glance, appears to be; for in the highest sensori-motor processes we cannot expect that there will be *two* sides for the "cessation of automatic action and the dawn of volition," which is, Spencer says, one and the same thing. The two brains cannot be *mere* duplicates if damage to one only will make a man speechless. For those processes, than which there are none higher, there must surely be *one* side which is leading. The lecturer supposes that the processes for judging distance, for walking, for talking, and for thinking are fundamentally alike, and that unless the patient who is rendered speechless by damage to one motor side of his brain had (in addition to right and left sensory regions) processes for the subjective movements of words remaining, he would not be able to *understand* a proposition—*i. e.*, he would not be able to give relations of coexistence (coexistence is, according to Spencer, alternate sequence) to images developed by its two terms, which terms are presented to him in a *simple sequence*, any more than he can, without movement, estimate the *relations* of *two* external objects by impressions on two sense surfaces.

ARMY ESTIMATES FOR 1869-70.

ON turning to those parts of the Estimates for the ensuing year which relate to the medical services, we find that there is a total reduction of 37 medical officers—viz., 1 deputy inspector-general, 5 staff surgeons and surgeons-major, and 31 assistant-surgeons. The vote for hospital establishments, services, and supplies shows a saving of £14,000, it being £366,800 in the present, as against £380,800 for 1868-69. The total cost of the Army Medical Department is £219,723, being £3625 above that of the previous estimates. The cost of medicines is reduced from £21,200 to £19,700, being a decrease of £1500. The Netley Medical School is estimated at £6587, being £3013 less than in the previous estimates, the reduction being mainly effected by the absence of medical probationers to supply the vacancies of assistant-surgeons. There is a slight saving effected in the staff of general hospitals; but, as far as we can be guided by these estimates, it would seem that the military part of these establishments will remain. There are some interesting facts about the cost of hospital administration and dieting to be gleaned from Appendix II. to Vote 7.

THE NAVAL ESTIMATES.

THE Naval Estimates put forth under Mr. Childers' auspices show a reduction of a million in the grand total, and are so far satisfactory to the economical tendencies of the day. The votes more particularly concerning matters medical have naturally undergone some modification. Thus Vote 8, for medical establishments at home and abroad, is taken for £54,757, against £64,824 of last year; but, on the other hand, Vote 12, for medicines, medical stores, &c., has undergone an increase of a little over a thousand pounds, being for £79,300 this year, against £78,164 last year.

The great naval hospitals included in the first of these votes have, as our readers are aware, been recently subjected to inspection by a Civil Commission, whose report was not sent in when the Estimates were published. Hence it happens that the estimates are more or less tentative, and against Haslar, Plymouth, and Melville hospitals is written, "Establishment under revision." With regard to the first of these hospitals, a statement put forward by a contemporary last week is utterly erroneous; so far from "the annual salaries alone for the high-salaried officers amounting to little less than £10,000 a year," the salaries amounted last year to only £7628, and it is proposed to reduce the sum this year to £6500. The Naval Medical Service will best appreciate the unfairness of applying the term "high-salaried" to officers the senior of whom can only attain an income of £912 10s. per annum as an inspector of hospitals of above thirty years' service!

The net decrease of £10,067 on the whole vote is obtained by reducing the salaries and allowances of the medical establishments at home from £14,940 to £13,260, and the wages from £16,689 to £15,168, and by other slighter reductions; but the great feature is the abolition of the two marine infirmaries at Woolwich and Plymouth, for which, therefore, no vote will be taken. The result is, with only the infirmary at Chatham (commonly called Melville Hospital), and the two at Portsmouth, for marines and marine artillery respectively, the charges fall to very nearly one-half of last year's estimate, being £6754, against £13,162

last year. It is consolatory to find that, as the reduction for the marine infirmaries alone makes up £6400 of the £10,000 reduction throughout the service, and the ordinary vote of £1300 for the Director-General has been taken, the alterations to be carried out elsewhere cannot be very extensive, or so injurious to the interests of the Naval Medical Department as was at first thought probable.

The increase under Vote 12, that for medicines, medical stores, &c., is due entirely to an estimated increased expense of carrying out the Contagious Diseases Act of 1866; for contributions for Lock wards at the outports, and, we are happy to learn, for establishing and maintaining Lock beds at the naval stations in the colonies. The estimate for this good work is £16,300, against £12,500 last year; but all the other items in the vote are either reduced or stationary. Thus, hospital provisions and stores fall from £38,564 to £36,400, and subsistence money of seamen at sick quarters from £16,100 to £15,600; the cost of drugs and instruments standing at £8500; and the miscellaneous disbursements at £2500, as before.

Taken as a whole, the naval estimates seem to show a due regard to both efficiency and economy, and will on these grounds be as satisfactory to the profession as to the nation at large.

THE MEDICAL REGISTER OF 1869.

THIS annual volume has just been published, and contains the usual amount of official information respecting the work of the General Medical Council. We find that 837 new names have been added to the Register during the past year, but it must not be supposed that all these gentlemen have qualified during that period. Indifference to being registered, or absence in foreign countries, often delays registration for years. Thus, during the first quarter of the year, when 172 new registrations were made, we find Licentiates of the Dublin Apothecaries' Hall of 1823 and 1824, and Members of the English College of Surgeons of 1833, 1839, and 1853. In the second quarter, among 183 registered, we have an Irish Apothecary of 1836, and a Doctor of Medicine of the Medical College, Pittsfield, Massachusets, of 1839. In this quarter also there occurred the registration of two Doctors of Medicine and Surgery of the University of Caracas, Venezuela, of 1852. It is curious that the number registered in the last half-year considerably exceeds that in the former half, there being 225 registered in the Michaelmas, and 257 in the Christmas quarter, the bulk of them newly-qualified practitioners anxious to get on the new Register, though among them we notice one gentleman who was in practice prior to 1815.

The balance-sheet of the General Medical Council has always an interest for the profession which supplies the funds for its maintenance, but, contrary to all law, has no voice in its election. The English Branch Council had a balance of £2334 at the beginning of the year, and received in registration fees £2492, which, with the dividends on £21,000 consols, made the entire income of the Branch £5444. The Scottish Branch Council, with a balance of £459, received £757 in fees, and £66 in dividends, making a total of £1283. The Irish Council began, as usual, with a debt of £300, and received £837 in fees and £62 in dividends, being left at the end of the year with a balance on the wrong side of £71, to be added to previous deficits. What the end of the Irish Branch, financially speaking, must shortly be it is not difficult to predict.

The working income for the year thus amounted to £4087 10s., paid entirely by the medical profession; and of this sum £1589 went in fees to members of the Council for the performance of their duties, and £482 in their travelling and hotel expenses. The salaries of officers, printing, stationery, and rent absorbed no less than £3118 2s. 5½d.

The Register itself brought in £284, but cost £547; and the useless Register of Students cost £23, for which there appears to have been no return. Under these circumstances, we fail to appreciate the justice of giving every person registered for the first time during 1868, a copy of the Register, as has been determined, when no such favour has been conferred on the thousands who have registered during the last ten years.

The Pharmacopœia yielded £675 during the past year; and 17,427 copies of the last edition appear to have been now disposed of. The Council has incurred expenses amounting to £141 during the past year in connexion with this work, of which £75 are for fees to the editor.

Taken altogether, the expenses of the General Medical Council last year amounted to £5332, against an income from all sources, exclusive of dividends, of £5067.

DEPUTATION OF SCOTCH GRADUATES TO THE LORD ADVOCATE.

A NUMBER of graduates of the Universities of Glasgow and Aberdeen had an interview with the Lord Advocate of Scotland on Wednesday last. His Lordship had considerately taken the initiative in regard to the meeting, and explained to the deputation that his object in seeing them was partly to thank those gentlemen who had supported him, and partly, inasmuch as he was but slightly acquainted with the interests of his medical constituents, that he might have an opportunity of hearing their opinion upon a matter in which they were interested, and to what extent they were divided or agreed as to the want and characters of needed reforms. He desired not to express any opinion of his own, but to collect all the information he could upon matters affecting the interests of the medical graduates.

Drs. Stewart, Forbes Winslow, Greenhow, Webster, Ramsay, Silver, and others, then pointed out, first, the present indications of the necessity for a change in the Medical Act, so that the Medical Council should have power to enforce the regulations it made, and the want of some stringent law to prevent the false assumption of medical titles; secondly, the desirability of amending the present system of dismissing medical officers without an appeal to the central authority; thirdly, the injustice of the penal enactment as regards certificates of the causes of death, and of the non-remuneration of medical men for such certificates; fourthly, the importance of setting the new Sanitary Commission to work at once, and so as to embrace the whole kingdom; fifthly, the want of a better representation of the profession in the Medical Council; and other matters.

The Lord Advocate made a few cursory observations in reference to these several points, intimating, amongst other things, that he scarcely saw the injustice or indignity of the penal clause in regard to the certificates of death, because it was based on the same principle as that which obtains in the case of the imposition of penalties upon high sheriffs, returning officers, &c., for neglect of duties. He had always contended that medical men should be paid for certificates. His Lordship carefully noted all the points referred to by the speakers, and evidenced a determination to make himself personally and fully acquainted with those subjects.

The deputation thanked his Lordship for his courtesy, and withdrew.

EDINBURGH ASYLUM FOR THE INSANE.

DR. SKAE has reason to be proud of his management of this institution. According to his report, there were in the asylum at the close of 1868 as many as 716 patients, exclusive of four absent on probation. During the past year 279 patients were admitted, and exactly the same number removed, making 720 inmates on the 31st December, 1868, exclusive of four absent on probation. Of the patients removed 121 had recovered, the recoveries being in the ratio of 43·4 to the admissions. This result is the high-water mark of recoveries for any one year that the records of the asylum can produce, and, with one or two exceptions, it is the highest attained in these islands. The percentage of

recoveries throughout all the great asylums of England appears (from Dr. Conolly's tables) to be about 21 per cent. to the admissions, so that Dr. Skae's percentage of 43·4 must be regarded as exceptionally satisfactory, especially when the nature of the admissions is taken into account, most of them being far gone in mental disease, and many of them hopeless. "Hopeless," however, is a word which Dr. Skae would reduce to a very subordinate position in the medico-psychological vocabulary. Not only do his tables confirm the well-known induction that by far the greater number of recoveries take place within the first six months of their admission, but they exhibit eight recoveries after nearly three years, four under four years, one after six, and three after eight, twelve, and thirteen years' residence in the asylum respectively. Dr. Skae gives interesting details as to a case of kleptomania in the person of an artisan, who suddenly forfeited his previously exemplary character by stealing three umbrellas from a shop, one of them, a wooden model, serving as their manufacturer's sign. He was sent to gaol, but after his liberation had to be confined in the asylum, where the presence of brain-disease was unmistakably detected in him. Another case, not less interesting, of homicidal impulse, strongly allied in its pathology to epilepsy, also appears in Dr. Skae's report. This patient, though subject to the aura epileptica, spinal shudder, and other symptoms of undeveloped epilepsy, has never had a fit; but within the last few months has undergone a peculiar psychological change. He has, nearly every day, a spectral illusion in the form of a newspaper—an illusion at times so vivid that he can read a long paragraph from the journal. Dr. Skae is inclined to lay much lighter stress than has been usual since the days of Prichard on so-called moral insanity; and recalls medico-psychology to her proper sphere in looking for the causes of emotional disorder or aberration in the patient's bodily condition or habit. At the same time, Dr. Skae omits none of those moral remedies which are favourable as adjuvants to the purely medical treatment; and finds agreeable and salutary employment for his patients, not only in the workshops and saloon of the asylum, but in out-door pastimes, literary undertakings, and, above all, in theatrical performances. Now-a-days, when the treatment of the insane is attracting peculiar attention, and when innovation threatens to invade much of the old traditional working of asylums, Dr. Skae's report, which exhibits results so much in advance of those visible elsewhere, will be read with interest and profit. We commend it not only to the medico-psychologist, but to the profession and the philanthropic community at large.

THE BOARD OF SUPERVISION FOR THE RELIEF OF THE POOR IN SCOTLAND.

THE Twenty-third Annual Report of the above Board presents some peculiar points of interest, especially when contrasted with that which is issued from Gwydyr House.

It would seem strange to us that there should still be 97 parishes in which the whole relief is raised by voluntary contributions; more strange still that the poor should have the right of appealing against inadequate relief. Since the institution of the Poor Law in Scotland, 13,500 such appeals have been made, and no less than 3539 have had the ground of complaint removed. Mr. Goschen may at least be thankful that the poor have no such justice done them here. As no able-bodied persons are allowed relief, it is instructive to observe how large a number of persons are relieved on account of sickness, old age, orphanage, &c. Thus, in a population of 3,000,000, there were relieved 104,541 registered or permanent poor, 53,831 casual poor, 7000 insane, and as many orphans, and no less than 7359 applicants were refused relief. The salaries of medical officers are augmented from an annual grant when the terms are certified as satisfactory by the Board of Supervision. The salaries of the poor-house surgeons vary from ¾d. per head per week on the average number of inmates to 7¾d., the average being 2¼d. Thus in the Glasgow poor-house, which contains about 1600 inmates, and into the wards of which 3000 sick were admitted in the year, the salary for medicines and medical attendance is about £1000 per annum. It seems to us, however, that the salaries in Edinburgh are extremely low, as for that large city only £543 is paid annually for medical relief. Seeing that sickness forms so large a portion of Scottish pauperism, and that the Board of Supervisors have charge of the arrangements for vaccination, and the introduction of the Public Health Act, we cannot but express surprise that there should be no medical man upon the Board. Technical knowledge has been proved to be so necessary for the exposure of abuses here, that we hope the Government will take an early opportunity of inquiring whether similar abuses may not exist in Scotland.

Correspondence.

"Audi alteram partem."

ROYAL MEDICAL AND CHIRURGICAL SOCIETY: SANITARY REPORTS.

To the Editor of THE LANCET.

SIR,—I am sure I shall not request in vain your aid in furtherance of an important public object. Two years ago, a paragraph in the Annual Report of the Royal Medical and Chirurgical Society invited the attention of its Fellows and of the medical profession generally, to the propriety of preserving for future reference those Sanitary Reports of which many are now published annually throughout the kingdom. In consequence of this appeal, some valuable additions have been made to the Society's collection of sanitary documents. I refer especially to the entire series of Reports on the Sanitary Condition of Leicester. The Society, however, does not possess one complete set of the Reports of the Metropolitan Medical Officers of Health, or even a single report from the great majority of them. Our appeal now is to all Medical Officers of Health and others throughout the kingdom for complete sets of Sanitary Reports, and a regular continuance, as they appear from time to time, of these publications, which, if addressed to the Honorary Librarians of the Royal Medical and Chirurgical Society, 53, Berners-street, W., will be preserved with the care which their value and importance, as historical documents, demand.

I am, Sir, your obedient servant,

February 29th, 1869. A. P. STEWART.

MEDICAL ASSISTANTS.

To the Editor of THE LANCET.

SIR,—I am glad to see THE LANCET take up the question of assistants, more especially the unqualified.

Something must be done to remedy the present working of both with the profession. Strongly impressed with the necessity for change, I shall proceed to mention a suggestion worthy to be considered by the Medical Council and the profession generally. Apprenticeships and pupilages being virtually abandoned, and the lamentable want of common practical knowledge exhibited by qualified men (the growth of the schools *only*), so apparent and serious, it is admitted a remedy is to be searched for, and must be found. In THE LANCET of Jan. 2nd you propose the student should, after passing over some of his school and hospital training (and to form a part of his education), be remitted to the duties of ordinary practice with a medical man, where he would acquaint himself with such matters of common sense importance not to be acquired elsewhere. This is very good, but inadequate to professional and social wants, and would only partly meet the difficulty.

The question is one of broader basis. Students and young professional men want every-day experience in meeting and treating the sick, to learn to understand and feel their bearings in the surrounding media of a sick room, and the outer world, among the relatives, friends, and others; to comprehend their feelings, prejudices, wants, and conceptions—constituting the tact of practice. The profession wants recruits and assistants—the former

worthily to represent it by skilful tactic acquirements, as well as school knowledge in after life; the latter to help medical men in the application of ordinary work for patients and society as it occurs daily. Society wants both.

What I would propose is this:—The Medical Council demands that a student should spend four years for his diploma, after passing a preliminary examination, while it is well understood the curriculum of a college or hall can be passed through in two and a half or three years; so nothing is laid down about the way in which the other year or year and a half is to be spent. Now, I would say, do as is done in the Church. Let the Medical Council require each aspirant to spend this year or more (at the end of hospital attendance, and after passing examinations) in the actual duties of professional life, with suitable men, in practice, before they fully receive their licence to practise for themselves. A similar thing is provided in the case of curates before they can undertake a living.

This, as it would cost nothing in time or money, would answer the wants of students, professional men, and society; the interests of the latter demanding that medical practitioners should be aided by educated and respectable assistants, and not by uneducated—*i.e.*, unqualified—men. It is undeniable that many assistants as now supplied come from the dross of the profession. They are those that lag behind from want of industry, energy, acquirements, or even respectability. They are men with some bad flaw in them that makes them rise no higher than assistants, while every year sinks them lower, without ambition or hope. Recklessness has been their life's motto, bringing them to knuckle down to a life of assistancy—bad and comparatively useless aids to medical men, and often causing them serious troubles.

This may be said of some qualified assistants who have, some way or another, got diplomas, as well as of those unqualified men who have been regularly educated, or partly so, for the profession, but never obtain a licence. Then, again, we have the unqualified assistant proper, who at first got accidentally introduced to the surgery of a medical man, perhaps as a mere dispenser, having nothing to do with the profession at all, totally uneducated, but who picks up in one servitude after another with medical men a very useful amount of working knowledge of the most ordinary kind. Lastly, other and, I fear, fewer assistants, worthy young gentlemen, who, having general good qualities, are seeking further practical knowledge after or before passing, to turn to good account a few years previous to getting diplomas or establishing themselves in practice. Now, it is unfortunate these latter should be mixed up with the class of men above alluded to; it is equally unfortunate that employers should have so few good men to select from for their assistancies. Nay, it is a crying evil, which will be echoed by hundreds of voices in the ranks of general practitioners.

Now, the above proposition, if adopted, would give to every candidate a share of legitimate experience. It would supply the profession with worthy assistants, by which also society would be greatly benefited in the end.

With your permission, I may continue my observations upon the policy of the profession in dealing with this question in a further letter or letters. There is a mine of bad influences lying beneath the present system. Feeling sure the subject is ripe for discussion, and pregnant with importance, it will need no apology for my entering upon it.

I am, Sir, your obedient servant,

VITUPERATOR.

POOR-LAW MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—You published a letter from me in THE LANCET of February 20th, referring to the part alleged to have been taken by Mr. John Clay, a medical member of the Birmingham board of guardians, in bringing about the reduction of the number of the district medical officers of that parish from eight to five. I stated that the resolution of the board to that effect was urged by and carried through the influence of Mr. John Clay.

I was at that time under the impression that Mr. John Clay had moved the reduction in the committee, which was appointed upon his motion, and of which he was the chairman. I now know that he did not do so; and, as he feels aggrieved by what I stated, I hasten to express my regret for an unintentional misstatement, and for any annoyance I may have caused Mr. John Clay.

The part actually taken by Mr. Clay in the matter is explained by the subjoined extract from the *Birmingham Daily Post* of Jan. 28th, 1869:—

"*Out-door Medical Relief.*—The committee appointed to consider the whole question of out-door medical relief of the parish, with a view of revising the same, and to examine the district medical officers on the subject, presented a report, which recommended that the number of medical officers should be reduced to five, and that their districts be uniform with the relieving officers' districts, and that they be allowed to pursue private practice; that the medical officers should find their own medicines, and should each receive a salary of £240, inclusive of attendance on lunatics. The committee further recommend that the board should appoint a committee, to be called the Medical Out-Relief Committee, whose duty it should be to supervise the medical out-relief, and the books kept by the medical officer, and to report any dereliction therein. Mr. Clay, in moving the adoption of the report, pointed out the advantage of the proposed reduction in the number of medical officers from eight to five, the same number as there were relieving officers' districts, and showed that the salaries were not too small, as they would receive it at the rate of 1*s.* 7*d.* per case, a sum which was very much larger than in some towns. He thought the salary was not too much, and hoped it would not be reduced. He explained that the medical officers would attend to the out-door relief, with the exception of vaccination, and concluded by urging the appointment of a Medical Relief Committee, on the ground that an inspection of the books had exposed many irregularities."

I remain, Sir, your obedient servant,

Dean-street, Soho, March 1st, 1869. J. ROGERS.

POOR-LAW APPOINTMENTS.

To the Editor of THE LANCET.

SIR,—Will you kindly make public the subjoined in your next number. I have been a district medical officer in this union for a period of four years, and in consequence of the smallness of my salary (which is now reduced by the new Vaccination Act), I applied for more pay. This the guardians positively refused to grant. They seem to have an impression that mine is an ample salary, and, were I to retire, there would be plenty of others to occupy my situation on the same or more unreasonable terms. I know not whether any of my medical friends, resident here, will feel inclined under the circumstances to displace me; if so, I think you will agree with me that they are no friends to their calling.

This district is no sinecure; it embraces a parish in this town, and nine other villages or townships (the furthest being about seven miles away, and which is expected to be visited at least twice a week, and oftener if necessary). The population is 3050, and it is spread over 12,060 acres. And suppose any day I was called on to visit the sick over the whole of my district, it would entail a journey out and home of at least twenty-six miles. The average number of miles travelled per week has not been less than thirty. For this work and supply of medicines other than oil and quinine, time, horse, hire, &c., I get the crushing fee of £26 a year, out of which £3 12*s.* is deducted for conveyance of medicine and hire of room seven miles off.

I am, Sir, your obedient servant,

W. H. STRETTON,

Medical Officer, No. 3 District, Beverley Union.

KING'S COLLEGE HOSPITAL.—The annual meeting of governors was held at the hospital, Carey-street, Lincoln's-inn-fields, on the 26th ult., Mr. F. A. Bedwell occupying the chair. The total receipts of the year, exclusive of legacies over £100, amounted to £7018 5*s.* 10*d.*, and the expenditure to £15,105 7*s.* 4*d.* Under these circumstances, an earnest appeal is made to the liberality of the benevolent public for additional assistance. A five-shilling subscription list has been opened.

Parliamentary Intelligence.

HOUSE OF LORDS.

FEB. 25TH.

CONTAGIOUS DISEASES.

LORD LIFFORD asked the Secretary of State for the Colonies whether it was the intention of Government to ask Parliament to extend the operation of the Contagious Diseases Act, 1866?

The Earl of MORLEY said that a Bill would shortly be introduced in that or the other House of Parliament. That Bill would be mainly founded on the recommendations of the Committee of last year.

HOUSE OF COMMONS.

FEB. 25TH.

MEDICAL CHARGES ON IRISH UNIONS.

Mr. GREGORY asked the Secretary to the Treasury whether, in accordance with the pledge given that the Irish unions should be relieved of half the medical and the whole of their educational charges, it was the intention of the Government to add the deficiency of the sum voted last year for that purpose to the estimate of the present year.

Mr. AYRTON said an estimate was made at the end of the year of the sum that would be required to meet these charges; and if at the end of the year the estimate was exceeded, the Treasury should not pay the excess; but if the charge were less than the estimate, then only the actual charge would be paid by the Treasury. In accordance with that arrangement payments had been made, and no application had been made to the Treasury for repayment, and the subject had never come under consideration.

ACCIDENTS IN COAL MINES.

In reply to Mr. GREENE,

Mr. KNATCHBULL-HUGESSEN stated that a Bill on the subject of accidents in coal mines was in preparation, and that the Home Secretary hoped before long to bring it before the House.

FEB. 26TH.

THE RATING OF CHARITIES.

Mr. WHEELHOUSE asked the President of the Poor-law Board whether it was the intention of the Government to take any step, during the present session, fully to exempt public hospitals, infirmaries, dispensaries for the sick, and endowed almshouses, from liability to rating to the relief of the poor.

Mr. GOSCHEN said it would be very difficult to confine any such exemption to those institutions. The whole question was an exceedingly large and complicated one, and it was not the intention of Government to take any steps in the matter this session.

MARCH 1ST.

FEVER PATIENTS.

Captain DAWSON-DAMER asked whether there was any legislative provision that all fever patients should be conveyed to all fever hospitals in carriages provided for that purpose by the hospitals.

Mr. BRUCE said there was such provision; but by the Act of 1866 it was open to the nuisance authorities to provide and maintain such carriages if they saw fit.

THE ESTABLISHED CHURCH (IRELAND).

Mr. GLADSTONE introduced this Bill in a speech of more than three hours' duration.

[We have elsewhere referred to the details of the measure in regard to the application of the surplus funds to the relief of unavoidable calamity and suffering.]

MARCH 2ND.

THE AGRICULTURAL GANGS.

Mr. BRUCE stated, in reply to Sir J. Hay, that the counties that had not yet been visited by the Assistant Commissioners were Lancashire, Staffordshire, Shropshire, Yorkshire, Derbyshire, Worcestershire, Herefordshire, Cornwall, and the whole of Wales. They had no authority to make any inquiries in Scotland, but it was under consideration whether their powers should not be extended with that view.

MARCH 3RD.

POOR LAW (SCOTLAND).

Mr. CRAUFURD moved for a Select Committee to inquire into the operation of the Poor Law in Scotland, and especially into the action of the Board of Supervision in Edinburgh, or Scotch Poor-law Board, which is without any representative position in the House of Commons. He stated that the expenditure upon the poor had increased nearly threefold since 1845, and that the item of management had steadily gone up from £17,000 to £94,000 last year. Not less than one-ninth of the whole population was in the receipt of relief, and there could be little doubt that the independence of the people was declining. With respect to the Scotch Poor-law Board, Mr. Craufurd said that the House ought to know something of its internal economy and proceedings. Its principle was that of a central irresponsible body, and its decisions had very often given dissatisfaction throughout the country. The House had reports from the Board, but what did they amount to? They gave statistical returns of the number of the poor, the expenditure upon them, and other details of that kind, but they published no minutes of their proceedings. The public knew nothing of what the Scotch Poor-law Board did, or how they did it. The belief was that one paid member was the supreme ruler and arbiter of all their proceedings.

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Feb. 25th:—

Cæsar, Arthur, Tower Hamlets Dispensary.
Drury, Charles Dennis Hill, Newcastle-on-Tyne.
Huxo, Edward Henry, Brompton, Kent.
Smith, James Freeman, Martin, near Sleaford.

The following gentlemen also on the same day passed their first examination:—

Horace Gooch Button and Percival Kingsford, of Guy's Hospital.
Francis Warner, of King's College.

WEST INDIA advices by the "Shannon" state that at Demerara dysentery had broken out, and was committing fearful ravages.

THE Report of the Mansfield Woodhouse District Hospital for the year 1868 shows that of thirty-six admissions, thirty-two of the cases were either cured or considerably relieved by their treatment in the hospital. We are glad to notice that the income of the year exceeded the expenditure.

AN inquest was held last week at Bradford on the body of a woman who had died from an overdose of laudanum. She had been in the habit of taking small doses for the relief of chronic asthma, and, having gradually lost strength, a stronger dose than usual proved fatal.

AN assistant, Mr. J. H. Jackson, obtained damages to the extent of £400 against the United Kingdom Telegraph Company for injuries received by falling over a wire in the village of Leaton, which was left hanging during certain alterations in a festoon between two posts.

SMALL-POX continues to be fatal in Sheffield to an extent which clearly shows that house-to-house visitation and vaccination are not yet thoroughly observed. Out of 77 deaths from all causes occurring in three sub-districts of the borough, 6 resulted from small-pox, all in unvaccinated persons.

"DR." HAMILTON AGAIN. — At Bow-street this "practitioner" appeared on Wednesday in answer to a summons charging him with issuing obscene handbills. He had been summoned in November last on a similar charge. He then undertook to withdraw from circulation the document in question, and to issue a pamphlet which had been approved by the Commissioner of Police. In spite of this, he entrusted a man with distributing the condemned hand-

bills "in the country;" and the distributor, having scattered his gratuitous obscenity broad-cast in the suburbs, gave away a few of the remaining ones in the Euston-road "by mistake." Mr. Vaughan decided at once that "Dr." Hamilton was responsible for the acts of his agent, and, adding that "he could not see what benefit could accrue from the circulation of prints which were calculated to corrupt the minds of the young," he fined the "Dr." in 10s. and costs, and his agent in 5s. and costs. How long must we wait for a public prosecutor?

THE NOVA-SCOTIAN GIANTESS.—The Siamese-twin exhibition has been reinforced this week by the arrival of a Miss Swann from Nova Scotia, who possesses the attraction of being eight feet high, and large in proportion. The young lady is said to be only twenty years of age; and her parents, brothers, and sisters are people of ordinary height. We do not know that there is anything remarkable about Miss Swann, except her magnitude; but this is certainly sufficient to render her an object of curiosity to sight-seers.

SOUTH SHIELDS AND WESTOE DISPENSARY. — At the annual meeting of this dispensary, held a few days ago, a motion was passed favourable to a proposal lately made at a public meeting, to have an infirmary in the town. The proposal to erect an infirmary has arisen in connexion with a desire to do something that shall perpetuate the memory of Mr. Ingham, the ex-Member for South Shields, and of his long and valuable services in Parliament, extending over a period of nearly thirty years. There is a need in South Shields for some infirmary accommodation. Bad accidents are not unfrequent in the town and neighbourhood, the conveyance of which to Newcastle is often attended with risk to the patient. The Dispensary of Shields is not adequately supported. A legacy of £200 has been received during the past year from the executors of the late Mrs. Mackay, minus £20 duty.

DR. BAYLIS, the medical officer of health for Birkenhead, in his annual report, states that there are yet 3300 "middens" in his district, containing at least 1,800,000 pounds of excrementitious matter, constantly stored up close to the habitations of the people among whom the poisonous emanations are disseminated. Whatever difference of opinion may exist as to the best means of disposing of town excreta, there can be none upon the point that the "midden" system is so barbarous, so disgusting, and so prejudicial to health, that it ought to be everywhere abolished without loss of time.

THE annual Court of Governors of the Royal Berks Hospital was held last week, when the death of Dr. Cowan, who had been connected with the hospital for thirty years, was feelingly referred to, and Dr. Shettle, his successor, was appointed on the staff of medical officers to the institution.

THE Lords of the Privy Council have forwarded to Dr. Lodge, one of the medical officers for the West Derby Union, a gratuity of £53 in acknowledgment of his efficient services as a public vaccinator.

A NOVELTY IN HANGING. — An American paper states that "in the case of Carswell, recently executed in Oneida county, for murdering a girl, the hangman put his victim under the influence of anæsthesia, and so projected him into eternity."

Medical Appointments.

BARRY, J. W., M.R.C.S.E., late House-Surgeon to the Metropolitan Free Hospital, has been appointed Assistant-Surgeon to the Tredegar Iron Works, Monmouthshire.

BATEMAN, F., M.B., has been appointed House-Surgeon to the Kent and Canterbury Hospital, vice T. F. Raven, L.R.C.P.L., resigned.

BRISTOWE, H., L.R.C.P.L., has been appointed Medical Officer for the Markeaton District of the Belper Union, Derbyshire.

BURMAN, J. W., M.B., L.R.C.S.Ed., late Resident Clinical Clerk at the West Riding Asylum, Wakefield, has been appointed Assistant Medical Officer to the Devon County Lunatic Asylum, Exminster.

CALLENDER, R. J., L.R.C.P.Ed., has been appointed Medical Officer for District No. 5 of the Hexham Union, Northumberland, vice R. Elliot, L.R.C.S.Ed., resigned.

CAMPBELL, R. L., M.D., F.R.C.S., has been appointed Surgeon to the Stourbridge Dispensary, vice H. Wilson, M.R.C.S., deceased.

CARTER, J., M.R.C.S.E., has been appointed Medical Officer for the Bedford and Kempston District of the Bedford Union, vice R. D. Hacon, L.F.P. & S. Glas., deceased.

CASE, H., M.R.C.S.E., L.S.A.L., late Senior House-Surgeon to the Middlesex Hospital, has been appointed House-Surgeon to the West Herts Infirmary, Hemel Hempstead, vice Moore, resigned.

CHAPMAN, J., M.R.C.S.E., has been appointed Medical Officer for District No. 4 of the West Ashford Union, Kent, vice R. Skimming, M.D., resigned.

DARKE, F. P., M.R.C.S.E., has been appointed Surgeon to the Salisbury Infirmary, vice J. M. Cardell, F.R.C.S.E., resigned.

FISHER, F. E., M.R.C.S.E., has been appointed House-Surgeon to the Salisbury Infirmary, vice F. F. Lee, M.B., resigned.

FRODSHAM, J. M., M.D., has been appointed Medical Officer to the Magdalen Hospital, Blackfriars-road, vice Wm. P. Brodribb, L.R.C.P.Ed., deceased.

HALL, Mr. J. B., has been appointed Medical Officer for the Township of Butterton and the Parish of Grindon, in the Leek Union, Staffordshire.

JOHNSTONE, J., L.R.C.P.Ed., has been appointed Medical Officer for the Caversham District of the Henley Union, Oxfordshire, vice A. J. Moore, M.R.C.S.E., resigned.

KINNEIR, R., L.R.C.P.E., has been appointed Medical Officer for District No. 2 and the Workhouse of the Malmesbury Union, Wilts vice A. F. W. Jeston, M.R.C.S.E., deceased.

LAIRD, Mr. J., has been appointed Assistant House-Surgeon and Dispenser to the Kent and Canterbury Hospital, vice B. P. B. Burroughs, M.R.C.S.E., resigned.

METCALFE, R., M.D., has been appointed Surgeon to the Dispensary, Leyburn, Yorkshire, vice J. Terry, M.R.C.S.E., deceased.

MORISON, J. W., L.R.C.P.Ed., has been appointed Medical Officer for District No. 2 and the Workhouse of the Pembroke Union, vice H. P. Jones, M.R.C.S.E., deceased.

MOSELEY, Mr. H. N., B.A., of Exeter College, Oxford, has obtained the Radcliffe Travelling Fellowship after a competitive examination.

NORTH, J., M.R.C.S., L.S.A., has been appointed Junior House-Surgeon to the Public Hospital and Dispensary, Sheffield.

POLLARD, F., M.R.C.S., L.S.A., has been appointed Resident Accoucheur to St. Thomas's Hospital.

ROGERS, B., M.D., has been appointed a Surgeon to the Paddington Provident Dispensary, Star-street, Edgware-road, vice C. Miles, M.R.C.S.E., resigned.

ROGERS, G. A., M.R.C.S.E., has been appointed Medical Officer of Health for the Limehouse District, vice T. Orton, M.R.C.S.E., deceased.

SMITH, H., M.D., has been appointed a Surgeon to the Paddington Provident Dispensary, vice H. F. Bate, M.D., deceased.

TAYLOR, T. ALGERNON, M.R.C.S., L.S.A., has been appointed House-Surgeon to the Public Hospital and Dispensary, Sheffield.

WHITCOMBE, E. B., M.R.C.S.E., has been appointed Medical Officer to the Birmingham Workhouse, vice E. Robinson, M.D., resigned.

WILKS, C., M.R.C.S.E., has been appointed Medical Officer for District No. 3 of the West Ashford Union, vice M. A. Robinson, M.R.C.S.E., resigned.

WILLIAMS, W., L.R.C.P.L., has been appointed Medical Officer and Public Vaccinator for the Carnarvonshire No. 1 District and the Workhouse of the Bangor and Beaumaris Union, vice Henry Ellis, M.R.C.S.E., deceased.

WYKES, E., M.R.C.S.E., has been appointed Assistant-Surgeon to the Cyfarthfa Iron Works, Merthyr Tydvil, vice Chas. T. Wills, M.R.C.S.E., deceased.

Births, Marriages, and Deaths.

BIRTHS.

COLEMAN.—On the 23rd ult., at Holly Lodge, Streatham, the wife of Alfred Coleman, F.R.C.S.E., of a daughter.

FURBER.—On the 26th ult., at Maidstone, the wife of G. H. Furber, M.R.C.S.E., of a daughter.

HOOPER.—On the 23rd ult., at Tenby, the wife of J. H. Hooper, F.R.C.S.E., of a son.

MACAULAY.—On the 18th ult., at Kibworth Beauchamp, the wife of Thomas Macaulay, M.R.C.S.E., of a daughter.

MILWARD.—On the 17th ult., the wife of James Milward, M.R.C.S.E., of Cardiff, of a daughter.

NORTON.—On the 28th ult., at Rye House, Putney-hill, the wife of S. Norton, M.D., of a son.

MARRIAGES.

SHINE—DODDS.—On the 1st inst., at Lewisham, William Lamb Shine, Esq., Surgeon, of Lee, Kent, and eldest son of the late John Lamb Shine, Esq., of Bandon, Ireland, to Ann Lincoln Dodds, second daughter of Hill Dodds, Esq., of Ruxby-green, Lewisham, Kent.

WOLFE—HALL.—On the 2nd inst., at Montrose, J. E. Wolfe, M.D., F.R.C.S.E., of Glasgow, to Mary Jane, second daughter of George Hall, Esq., of Montrose, formerly Provost of Montrose.

WRAITH—DAINE.—On the 25th ult., at St. Thomas's, Biggin, Derbyshire, John Hargreave, eldest son of the late Samuel Hope Wraith, F.R.C.S., J.P., of Over Darwen, Lancashire, to Margaret Anne, only child of Wm. Daine, Esq., of Newhaven, Derbyshire.—No Cards.

DEATHS.

BLACKLEY.—On the 21st ult., the Rev. F. R. Blackley, M.D., late Rector of Freshford, near Bath.

HIGGINS.—On the 22nd ult., at Abbots Bromley, Staffordshire, William Muchall Higgins, Surgeon, aged 51.

LLOYD.—On the 19th ult., at Castle Villa, Truro, Nathaniel Hellings Lloyd, L.R.C.P.L., aged 29.

MANT.—On the 21st ult., Newton Mant, L.R.C.P.Ed., of Stapenhill, Burton-on-Trent, aged 54.

POWELL.—On the 27th ult., at Albion-road, South Hampstead, formerly of Fareham, Hants.

SMITH.—On the 28th ult., at Olinda Villa, Seaforth, Lucy Mabel, the youngest and beloved child of Dr. and Mrs. C. Swaby Smith.

TWEED.—On the 27th ult., J. J. Tweed, M.R.C.S.E., of St. Mark's-road, Notting-hill, late of Alfred-place, Bedford-square, aged 80.

Medical Diary of the Week.

Monday, March 8.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Construction of Vertebrated Animals."
MEDICAL SOCIETY OF LONDON (Albion Tavern).—Anniversary.—Oration at 5 P.M., by Sir Duncan Gibb, Bart.

Tuesday, March 9.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Rev. F. W. Farrar, "On Comparative Philology."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Dr. Sanson, "On some New Double Salts of Carbolic Acid as Agents in the Treatment of Disease." — Dr. Kelly, "On Hydatid Cysts;" or Dr. Hillier, "On Congenital Hydronephrosis."

Wednesday, March 10.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Construction of Vertebrated Animals."
ROYAL COLLEGE OF PHYSICIANS.—5 P.M. Croonian Lectures: Dr. John W. Ogle: "Regarding Certain Effects of Modifications of Nerve-Influence in Disease."
HUNTERIAN SOCIETY. — 7½ P.M. Meeting of Council. — 8 P.M. Dr. Moxon, "On a Case of Tetanus." — Mr. Bryant, "On some Points in the Treatment of Diseases of the Joints."—And other communications.
EPIDEMIOLOGICAL SOCIETY. — 8 P.M. Inspector-General Lawson, "On the Influence of Febrile Epidemics in Limiting the Spread of Cholera."

Thursday, March 11.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. H. Power, "On the Eye."

Friday, March 12.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Construction of Vertebrated Animals."
ROYAL COLLEGE OF PHYSICIANS.—5 P.M. Lumleian Lectures: Dr. Barker, "On Diseases of the Serous Membranes and some of their Results."
ROYAL INSTITUTION.—8 P.M. Prof. Abel, "On Naval and Military Applications of Electricity."
CLINICAL SOCIETY OF LONDON. — 8½ P.M. Report on Dr. Day's Case. — Mr. Barwell: "Pyæmia Fatal by Coma."—Dr. Julius Pollock: "Typhoid Fever; Treatment by Blistering."—And other papers.

Saturday, March 13.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Odling, "On Hydrogen and its Analogues."

Notes, Short Comments, and Answers to Correspondents.

A NEW DUTY.

MEDICAL officers of health will learn, we think, with some astonishment that the functions of a public prosecutor in other matters than those of health come within their sphere of duty. Dr. Syson, the health officer for Salford, has appeared at the Borough Police Court, by instruction of the Nuisance Committee, to prosecute some idle lads for loitering and creating obstruction in the streets. The magistrate was evidently surprised at the capacity in which Dr. Syson was present, considering it "a waste of valuable time"—a very natural conclusion indeed. That a medical officer of health should be required to do ordinary policeman's duty in this way is an absurdity and a degradation against which we most emphatically protest.

Exempli Gratiâ.—The advertisement is so general that it is impossible to deal with it.

Inquisitive.—No list has been received up to the present time.

INDISCRIMINATE ALMS-GIVING.

AT the last meeting of the Metropolitan Association of Medical Officers of Health, some startling facts were stated by Dr. Guy in his paper on "Indiscriminate Alms-giving." By indiscriminate alms-giving, the author meant giving to people one knew nothing at all about. It was not one scanty dole that did the harm, but the scattering of alms, as it were, drop by drop that kept up the army of beggars that disgraces us and our civilisation. That these beggars were improvident was abundantly proved, and that they slept in out-houses and brick-kilns in order to have money for buying spirits. The women also were shown to be addicted to drinking, and early brought up their children in the same practice. Their luxurious mode of living was also put beyond doubt. They are never seen to eat broken victuals, and many of them spend their evening sumptuously and riotously. The filth and squalor of their dwellings was something terrible. In one case mentioned there were 700 Irish living in 24 small houses—houses and inhabitants being in the greatest filth, and yet the latter could find means to purchase spirits and drink to excess. Dr. Guy adduced proofs in support of these points, from evidence given before Select Committees, from the testimony of Poor-law inspectors, of school teachers, and others. The Statistical Society also had given the subject their attention, and paid visits to this class of people. They found a mixed population of thieves, pickpockets, beggars, and bad characters living huddled together in wretchedness and filth, their children neglected, and dying off rapidly: and it was their opinion that indiscriminate alms-giving had encouraged them in this mode of life. Valuable statistics were given by Sir Robt. Carden last year, showing how large a proportion of those brought before him had become physically incapable of earning a livelihood, and he attributed this evil to the encouragement given to idleness and vagabondage by unwisely benevolent people. The connexion between vagabondage and crime was another important point. Professed burglars and convicts frequently made use of the disguise of begging in order to reconnoitre. Basing his calculation on the estimated number of this class in 1847—viz., 50,000,—he considered he was quite below the mark in saying there were now some 75,000 in London, and that they cost us £1,368,750 a year. Whatever might be the exact number, it was sufficiently large to warrant him in bringing this matter before them. The great remedy he recommended was, "abstain from giving, and persuade others to do the same."

A Subscriber to THE LANCET.—Pye-Chavasse on Advice to a Mother on the Management of her Infant; Dr. Bull's Hints to Mothers; and a third by the late Dr. Barker, entitled "Right Food for Infants."

J. D.—We are unable to say.

M. A., M.D.—Inquiry shall be made in regard to the matter referred to by our correspondent.

Bookseller.—1. Not an hospital case.—2. Any legally-qualified practitioner.—3. The fee would be two guineas.—4. About one week.—5. No.

Dr. Headlam Greenhow's paper shall appear shortly.

RELAPSING FEVER AT THE GERMAN HOSPITAL.

To the Editor of THE LANCET.

SIR,—It would be difficult to conceive a more telling illustration of the *reductio ad absurdum* in relation to that equivocal maxim—you may treat a fever, but you cannot cure it. This we have given us in Dr. Weber's article on the above-named fever in your issue of the 13th of February. There has been so much said as to the inefficiency of medical treatment generally that by-and-by all we shall be expected to do will be to secure for our patients good nursing, proper hygienic conditions, and leave the rest to the *vis medicatrix naturæ*.

Of course I have no intention of entering here upon what I shall "call the authoritative treatment of fever; but it does seem to me that if medicinal treatment can be of any curative avail whatever in disease, the case of K. B——, as given by Dr. Weber, was one broadly demanding such treatment. It is true that the patient (there were others, but to save words I shall restrict myself to the one) recovered under the, so to speak, *do-nothing* system; but this only shows, what no one doubts, how much Nature will do where you place her under favourable external conditions. These had been so unhealthy up to the time of his removal to the hospital as to have imbued his body with the *materies morbi*; and this change of condition proved efficient to his recovery, by allowing Nature to effect the necessary processes of elimination and restoration, there being no continued accession of of the disease-producing causes from without. But as a patient recovering from a disease of, say, one week's duration certainly occupies a very different position from one who has recovered from a similar disease of, say, three weeks' continuance—a difference altogether in favour of the former,—I would ask if it be meant that readers should understand that Nature could not have been medicinally assisted in her curative processes in the instance of K. B——? Take three of the most prominent symptoms given—enlarged spleen, inactive liver, deranged urinary secretion,—and surely, with the indications these presented, the exhibition of medicine could have been without doubt as to the result. As it was, one can have no difficulty in explaining the second and even a third relapse: that, though the *external* conditions (which supplied the primary causes of the disease) had been removed, those proximate internal causes—the several effects on the organism produced by the former—still remained in sufficient extent to show their presence. But suppose that in this case Nature had not, as she has not in too many, the necessary amount of *vis* to have carried on the lengthened contest between herself and the various morbific causes, even with the positive aid of good nursing, what then?

Keeping in view only the well-recognised principles of pathology and therapeutics, I, for one of Dr. Weber's readers, could not avoid this instant conclusion, among others, that such negative treatment affords an excellent explanation why that more formal illustration of the *do-nothing* system, homœopathy, can vaunt its cures to the satisfaction of a public having some sort of excuse for its being thus deceived.

I am, Sir, your obedient servant,

Hanley, February, 1869. J. F.

SCOTTISH NATIONAL INSTITUTION FOR IMBECILE CHILDREN.

THIS charity, the second of its kind in Scotland (the first being that established at Baldovan by Sir John Ogilvy, M.P. for Dundee), continues to prosper. At a general meeting of its subscribers and friends, held at the Merchants' Hall, Glasgow, on Thursday, the 25th ultimo, under the presidency of Sir James Lumsden, Lord Provost of that city, a Report embodying the most satisfactory results for the last year was read. The buildings, lately announced as in progress, are now all but completed, and the funds placed at the disposal of the Directors during 1868 will leave a debt of not more than £3000 after the buildings have been made available for fresh inmates. According to the medical superintendent's Report, the institution in February last year was affording treatment and training to 43 imbecile children, 21 of whom were boys and 22 girls. Since then 17 boys and 6 girls had been added to its inmates, bringing up the aggregate number at present to 50. The progress manifested in the majority of the cases was satisfactory—much more so than the parents or guardians of the little patients had hoped for,—and reflected much credit on the intelligence and judgment of the superintendent. Some of them had attained considerable proficiency in industrial arts, and all of them bore unmistakable proof of the benefits derived from the institution. We have always encouraged establishments like this one at Larbert, not only on the general ground of *priscipiis obsta*, but because they tend to lighten the local workhouses of their lunatic inmates, and to separate the nascent from the confirmed victims to mental derangement.

Chirurgus.—The attention of the Dean of the school shall be called to the subject.

NURSING AT ST. PANCRAS WORKHOUSE.

To the Editor of THE LANCET.

SIR,—In your number for February 20th you comment in severe terms on the case of a late inmate of this workhouse, on whose body an inquest was held; and from the nature and tone of your remarks, a reader unacquainted with the real facts of the case would conclude that the medical officer in charge had been very neglectful of his duties. In order to correct this erroneous conclusion, I beg that you will insert this letter, with the following explanation, in your next impression, as you appear to be ignorant of, or to have misunderstood, several important facts connected with the case.

1st. The notice of the apparent necessity for holding an inquest on the case was forwarded by myself, through the Clerk to the guardians, to the Coroner, and it was not, as you appear to wish your readers to suppose, from the fact of the inmates being allowed means of communication that the inquiry was held.

2nd. From your statement that the deceased "was the inmate of a ward containing seventy-eight persons in every stage of imbecility, over sixty years of age," anyone would naturally infer that this ward contained many persons suffering from various kinds of senile disease, including bedridden cases, &c., and which it would therefore evidently be the duty of the medical officer to visit daily. Such, however, is not the case. This ward is merely a bed-room for the use of men of sixty years of age and upwards, who are considered to be in a fair state of health, and apparently only suffering from the natural decay incident to their years, and who have the use of another room for their accommodation in the day-time. This bed-room being, therefore, exclusively for night use, it is the duty of the wardsman to report at once to the medical officer any person who is unwilling or unable from illness to get up in the morning and go to the day-room. This the wardsman (in the case in question) did not do; neither did the "doctor's man," who ought also to have reported it, having seen and spoken to the deceased on the days preceding his death. I feel sure you would not wish a medical officer to a most extensive workhouse, in addition to his other important and laborious duties, to daily wander through numerous large and, which ought to be, if the wardsmen attend to their duties properly, empty bed-rooms. You mention that deceased "was unable to find his bed without assistance." This was never actually the case; but an observation was made, at the time of his admission into the bed-room, to the wardsman that such might be the case, and a precaution was taken in consequence. There was, however, nothing alarming in that, as the man's memory was failing, and the room contained many beds, all much the same in appearance.

In conclusion, I will just add that on the first and only occasion that the deceased consulted me, on account of what he called the loss of the power of his limbs on getting out of bed, I diagnosed that he had a feeble heart, and, from his statement, concluded that he had had an attack of syncope from suddenly assuming the erect or semi-erect position, prescribed for him accordingly, and gave directions regarding him. I did not, however, prognosticate a fatal termination so soon, as he had apparently quite recovered from the immediate effects of the syncope. The post-mortem examination revealed the heart in a state of fatty degeneration. The other organs were, however, in a healthy state, considering the man's age.

Feeling bound in justification of myself to make this explanation,

I remain, Sir, yours faithfully,

J. HIGHAM HILL,
Resident Medical Officer.

February 24th, 1869.

*** We are obliged to Mr. Hill for the explanation he has offered. Our remarks were founded on the report of the inquest. We are not yet satisfied that the supervision was complete. The bed-rooms, even when empty, ought to be visited by *some* officer every day, and aged persons ought not to be permitted to remain all day where there is no attendance, no fire, and the windows are not open for the purposes of ventilation. Such persons ought at once to be sent to hospital or some part of the building where attention may be paid to the case. If this had been done, no possible complaint could have been made.

THE SIAMESE TWINS.

J. D.—The writer of the notice had no other proof of the twins being fathers than such presumptive evidence as is supplied by the fact that the statement is publicly made in America, where, if untrue, it would be exposed to immediate contradiction. It appears from Dr. Cook's pamphlet that the domestic arrangements have been by no means exempt from American criticism.

THE NAVAL HOSPITAL COMMISSION.

IT was Sheridan, if we remember aright, who said of an honourable member that he was indebted for his wit to his memory, and for his facts to his imagination. If a contemporary cannot be accused of being witty himself, or even of remembering the wit of other people, he certainly deserves great credit for the literary ingenuity he displays in manufacturing facts and figures "all out of his own head," as children say. The figures representing the exact cost of different items gave a semblance of precision and accuracy to the statements put forward. We were surprised at the results arrived at by the Civil Commission appointed by Mr. Childers having been promulgated to the public before the Report had reached the Minister himself. We are enabled to state, however, that the particulars were, so far as the Commissioners are concerned, without foundation, and were not based on their Report, which was, we believe, presented to the First Lord of the Admiralty on the 2nd inst. The conclusions and recommendations of the Commission will, probably, shortly be made public.

THE letter of *Mr. Cassiff* (Toronto) on the "Treatment of Carbuncle" shall appear next week.

Accouchenses.—There is no law to prevent it.

ON A CASE OF DETACHMENT OF THE RETINA CURED BY OPERATION.

To the Editor of THE LANCET.

SIR,—Permit me, through the medium of your widely circulated columns, to lay before the profession the cure of a hitherto comparatively incurable disease—detachment of the retina—by an operation, of which I should like to obtain the further experience of others.

Detachment of the retina from the subjacent choroid may be caused by a solid or a fluid. In the latter case the retina, separated from the choroid by fluid effusion, projects into the vitreous humour in the form of a spheroidal protuberance. The retina generally becomes thus separated first at its upper part; as the effusion of fluid increases, the retina becomes detached more and more downwards, till it is detached so completely that the field of view becomes totally destroyed, and the patient perfectly and incurably blind. The upheaving of the retina may aptly be compared to that of the cuticle by a blister. If the cuticle be pricked, and the contained fluid let out, it resumes its apposition to the subjacent cutis.

Acting upon this principle, Von Grafe, Mr. Bowman, and other eminent surgeons have punctured the retina with needles, in the hope that the subjacent fluid, by escaping and mingling with the vitreous, would permit of the retina reassuming its apposition with the choroid, and resuming its visual functions. In very few cases, however, has that hope become realised.

The idea occurred to me that a more happy result might be obtained by puncturing the bag of fluid through the sclerotic and choroid *without inflicting any wound whatever on the retina*, and thus allowing the effused fluid to escape *outwards* into the subconjunctival tissue, instead of inwards into the vitreous humour.

I have lately operated on a case, the details of which I will here but briefly allude to.

A man, aged fifty-three, presented himself with complete detachment of the upper two-thirds of the left retina. He was completely blind in the lower and outer half of his field of vision, and had mere perception of light in the other half. On Jan. 16th I pierced the upper and back part of the sclerotic and choroid with a broad needle. A quantity of colourless fluid immediately escaped into the subconjunctival tissue. From that time the field of vision steadily increased till on Feb. 11th it became absolutely entire, and at ten feet he read easily C of Snellen's types. At the same time the fundus of the eye, including the optic nerve, vessels, &c., was perfectly well seen; whilst previous to the operation it was all but obscured by the detached retina, not a trace of which could now be seen.

Trusting that this important case may be but the precursor of similar ones in the hands of my brother practitioners,

I remain your obedient servant,

London, February 12th, 1869. J. Z. LAURENCE.

Student.—1. Fownes's Chemistry; Attfield's work on Pharmaceutical Chemistry.—2. Yes, we imagine so. Our correspondent should write to the Secretary of the College, and ask for a list of the subjects of examination.

A Constant Subscriber.—The only way is to apply to the owners of the vessels that make the passage from England to America.

POOR-LAW MEDICAL SERVICE.

WE have been requested by Dr. Rogers to publish the following letter from Dr. Rumsey, of Cheltenham, addressed to the President of the Poor-law Medical Officers' Association:—

Priory House, Cheltenham, Feb. 25th, 1869.

DEAR SIR,—I read with pleasure the sketch of your able address at the Poor-law Medical Officers' Association, in THE LANCET of February 6th. Of course I cannot be dissatisfied at seeing certain principles for which I contended many years ago (and formally explained in the fourth of my Essays on State Medicine) at last recommended on the authority of the President of that Association. Those suggestions were for more than two years either slighted, or ignored, or opposed by a large proportion of medical officers. I allude particularly to the four following:—

1. That the Irish system of Poor-law medical service shall be taken as the basis or model of any organic change in England.

2. That medicines and appliances shall be provided at the public expense, and *dispensers appointed* in places of sufficient population.

3. That the whole cost of such provision shall be borne by the local or union fund. And

4. That the whole (not half) of the salaries of the medical officers shall be defrayed out of the national funds.

If your Association would only make these four demands indispensable to any settlement of the question, you would have done more than any leaders of the movement from its beginning to this day.

As regards the Irish dispensary system, I may say that several amendments and modifications would be required to adapt it to English circumstances.

I beg to enclose a small contribution as from an outsider to the funds of the Association.

Yours very faithfully,

Josh. Rogers, Esq., M.D. H. W. RUMSEY.

WESTON-SUPER-MARE HOSPITAL AND DISPENSARY.

THE Report for the past year of this institution reminds the ratepayers of the neighbourhood that as the extension of its operations has, by the timely aid rendered to the sick poor, relieved them of a considerable amount in rates which they would otherwise have had to pay, they may very properly be called upon to contribute to its funds. The subject of training yearly two or three young women, under the skilful care of the matron, for the duties of a nurse is worthy of consideration; as is likewise the necessity of a small detached house for fever cases, in lieu of the present small room or ward set apart for that purpose. With the suggestion that the Town Commissioners should appoint a medical officer of health we entirely concur. We look, indeed, for the time speedily to come when every town in the kingdom will have its health officer, and its yearly published report of general salubrity, including a systematic record of diseases treated, cured, or diminished. The resident house-surgeon's Report for the year gives three special instances, out of many, as illustrating the great advantage of providing beds in the institution for extreme cases, each of the patients referred to being, humanly speaking, indebted to that provision for their recovery.

Mr. B. Eliot West.—The behaviour of the employer is bad; but his legal liability is very vague.

An Anxious One.—Bull's "Hints to Mothers."

THE MEDICAL PROFESSION AND LIFE ASSURANCE OFFICES.

To the Editor of THE LANCET.

SIR,—Will you kindly publish the fact that the Directors of the London Life Association have refused to pay me for a medical report made to them upon the eligibility of one of my patients for life assurance. Upon application for the usual fee, I received an answer, of which the following is a copy.

I am, Sir, your obedient servant,
Royston, February 13th, 1869. D. B. BARDING, F.R.C.S.

[COPY.]

London Life Association, 81, King William-street,
London, E.C., Feb. 12th, 1869.

I return the enclosed, as the Directors do not admit any liability in the matter referred to. I presume the demand should be addressed to Mr. S.

Your obedient servant,
EDWD. DOCKER, Secretary.

To the Editor of THE LANCET.

SIR,—The enclosed strikes me as new; "the doctor the private friend of his patient." Surely your contemporary, *Punch*, might make something of it.

Yours faithfully,
Grove-road, Southsea, Feb. 19th, 1869. A. JACKSON, M.D.

[PRIVATE.]

Eagle Insurance Company, 79, Pall-mall, London, S.W.,
Feb. 17th, 1869.

SIR,—A proposal having been made to the Directors of this Company, to effect an assurance on the life of Mr. ———, and reference given to you for information as to his general health and habits of life, I am desired by him to request that you will favour them by answering, at your earliest convenience, the several questions on the annexed half sheet.

I have also to inform you that your communication will be considered by the Directors as strictly confidential.

I am, Sir, your very obedient humble servant,
Dr. Jackson. CHAS. JELLICOE, Actuary and Secretary.

This is sent you as a private friend, and not as a medical referee.

Dr. Jackson will oblige the Directors by answering the following questions respecting the health and constitution of Mr. ———.

1. For how long a period have you known him?
2. When did you last see him?
3. What do you consider his general state of health to have been at that time?
4. What has it been generally since you have known him?
5. Do you know, or have you ever heard, that he has had asthma, any fit, habitual cough, or spitting of blood, or any disorder tending to shorten life?
6. Has he been subject to gout, insanity, or any other constitutional disorder?
7. Do you consider his ordinary manner of living in any way injurious to health?
8. Has he been, and is he a person of sober and temperate habits?
9. Are you acquainted with *any other fact or circumstance* likely to increase or affect the risk attending an insurance on his life?

Subscriber.—See Dr. Oppert's work on Hospitals; Miss Nightingale's Notes on Hospitals; Messrs. Holmes and Bristowe's Report to the Privy Council, published a few years since; and M. Husson's work. We only report on public institutions under special circumstances.

D. G. writes to defend the plan of teaching clinical surgery adopted by Professor Syme.

FILTERS.

To the Editor of THE LANCET.

SIR,—I am desirous of asking you to give insertion in your periodical to the following communication, as it may elicit information valuable to the profession and the public:—

I live in a neighbourhood where well-water contains 29·240 grains of inorganic matter in the imperial gallon; pure rain-water being 1°, our water marks 12° of hardness, indicating 11 grains of carbonate of lime for its equivalent in hardening power per gallon. I am anxious to know if there exists any filter really capable of removing this earthy matter. Have any of your readers any experience of the value in this respect of the filters advertised by Lipscomb and Co., Temple-bar?

There are several residents here who suffer severely from gravel, and some few who have had stone in the bladder.

Any suggestions will be gratefully received by,

Yours truly,
A SUBSCRIBER TO THE LANCET OF TWENTY YEARS.
Dedham, Essex, March 2nd 1869.

AMALGAMATION OF THE LYING-IN HOSPITAL WITH THE LADIES' CHARITY AT LIVERPOOL.

THE movement in favour of economising the working of hospitals is penetrating to the provinces. At a meeting in Liverpool, presided over by its philanthropic representative in Parliament, Mr. GRAVES, it was moved by the Chairman, and seconded by Dr. Grimsdale, to place the Lying-in Hospital and the Ladies' Charity under the management of the same committee and officers. This amalgamation of the two institutions (excellently well administered as both were) will condnce to the greater benefit of the poor who are relieved, to the more profitable application of the subscribers' funds, and to the economising of the time of the medical officers. Mr. GRAVES suggested a fourth reason for the amalgamation—to wit, its enabling the people of Liverpool to have what they really wanted, "a medical school in connexion with this class of hospital." Obviously the maxim *divide et impera* finds no encouragement in Liverpool.

Dr. Robert Trim (Parkmore) is thanked for the kind expressions contained in his note.

THE AMERICAN MEDICAL COLLEGES.

To the Editor of THE LANCET.

SIR,—Many of the letters which from time to time appear in the medical journals of this country are calculated to convey a very poor impression of the acquirements of our Transatlantic brethren, and it is not altogether without a feeling of irritation that I see statements made to their disparagement by men who, evidently knowing little or nothing about them, confound regular practitioners with eclectics and homœopaths. "Beta," in your issue of Feb. 6th, says: "Many receive their medical degree after two four-months' courses, without a guarantee of literary studies." Your correspondent must surely have passed his seventeen years as oblivious of the requirements of the Universities as was Rip Van Winkle of the doings in his native village during his long sleep, or he would have known that "satisfactory evidence of having studied medicine for three years under a regular practitioner" is required, in addition to two courses of lectures, and that under no circumstances is the degree conferred without an examination, or without having attended the required sessions. One course may be attended at any respectable medical school, but the other must be taken out in the University conferring the degree. So strictly is this rule enforced that I, who possessed the license of the Edinburgh College of Surgeons, and the diploma of the Apothecaries' Hall, Dublin, had to attend and pass an examination just the same as one of their own students.

"Beta" informs your readers that an American M.D. must prolong his studies and undergo an examination in Canada before he can practise there. But he does not say that many of the Canadian practitioners, after qualifying in Canada, go to the States to walk the hospitals, and take out a M.D. degree in New York, Buffalo, &c. In Canada, as in most countries, a medical man must undergo an examination, and obtain a licence to practise, unless he has one from the mother country. This rule holds good also in America down to Paraguay, in Cuba, Spain, Portugal, &c. The examinations in the Canadian Universities are more severe, but less practical, than in the States. Having no general hospitals, at least in Upper Canada, now called Ontario (the Toronto one being now nearly two years closed for want of funds), the acquirements of the newly-fledged Canadian medicos are necessarily, in a great measure, of a theoretical nature; whereas in the States the facilities afforded students in the large hospitals connected with Universities are perhaps unsurpassed in any country; and although the anatomical course is short in comparison with ours, I must do American students the justice to say that their anatomical knowledge, as displayed at the final examination, would delight the examiners of the Royal College of Surgeons of Dublin.

I remain, Sir, yours truly,
A M.D. OF AN AMERICAN UNIVERSITY,
February 8th, 1869. M.R.C.S. Ed., L.A.I., &c.

WORKHOUSE DOORKEEPERS.

THE *North Wilts Herald* has the following account of a late occurrence at the Cheltenham Workhouse:—

"A poor girl who was taken to the workhouse lying-in ward far advanced in pregnancy, after ringing at the door for admittance for a considerable time without avail, was delivered of a child in the street. The result was the child died from exposure, and her non-admission is now the subject of much discussion. The matter is to be made the subject of a searching investigation."

We shall be glad to know the result of the investigation in this case of delayed admittance under such exigent circumstances.

NURSES FOR THE POOR.

A COMMITTEE of influential clergy and laity in the archdeaconry of Aylesbury has issued a circular, proposing the establishment of an institute for the provision of nurses for the poor of the archdeaconry in their own homes.

Gorey.—We know nothing of it, and, as it is an anonymous production, more than mistrust it.

THE PHARMACY ACT AND DRUGGISTS' PRACTICE.

To the Editor of THE LANCET.

SIR,—On the last page of THE LANCET for Feb. 13th there are two letters from correspondents, one of which may form a commentary on the other. The first has reference to the interests of surgeons' dispensers; the second to druggists' practice; and I would submit, in the interests of pharmacy and of medicine, it is *not desirable* that *all* dispensers in hospitals and private surgeries should be admitted to the modified examination of the Pharmaceutical Society. Some certainly should; for instance, such as have been regularly apprenticed. But to admit all indiscriminately would only tend to increase existing quackery, so much to be deplored; for it is a well known fact that many dispensers commence their career as errand boys, and showing tact, as a matter of expediency, are by degrees promoted. The ambition of such generally culminates in a shop, and, having little knowledge either of pharmacy or trade, they take to prescribing, and often to visiting patients. That this source of recruiting our chemists will now be stopped is a great boon, and the educated pharmacists of the future will have but little taste or necessity for quackery, finding abundant scope for their better trained energies in more genial pursuits.

Most respectfully yours,
February 19th, 1869. F.C.S.

INFANT MORTALITY.

THE philanthropic endeavours of MRS. BAINES to discover the cause of the excessive mortality prevailing everywhere among our infant population are worthy of all commendation. A paper by her, containing many interesting suggestions for the diminution of infant mortality, was read before the Manchester Statistical Society in December last, and is now published in the form of a pamphlet, which will well repay perusal.

Z. Y. X.—Consult some respectable practitioner.

THE MEDICAL EXAMINATION OF RECRUITS.

To the Editor of THE LANCET.

SIR,—I can fully endorse what your correspondent, Mr. Anderson, says about the medical examination of recruits. An experience of nearly six years in the capacity of civil examiner of recruits in a large provincial town has shown me that, although it takes a little time to acquire the requisite tact, yet there is no real difficulty in its attainment. When first I undertook the duty it was not an infrequent thing for the candidate for her Majesty's service, though passed by me, to be rejected by a military medical Board; but this soon ceased to be the case, and although during the last three years I have examined and passed a large number, I do not think one of them has been finally rejected.

There is one reason, as I think, why civil examiners get their examinees rejected in larger proportion than do military examiners, which I have not seen touched upon. Military surgeons get nothing for the examination; and on the discovery of the slightest blemish, or even on suspicion of ineligibility, they peremptorily reject the candidate. The civil examiner, on the contrary, gets 4*s.* for the finally approved recruit, and only 2*s.* 6*d.* for the candidate whom he rejects, and there is a manifest advantage in not rejecting those who have a very good chance of getting through; although it is true that if the recruit be rejected by a military Board, he gets nothing at all. Besides this, some civil examiners may be too punctilious about doing justice between the recruit and the service, and scruple to attach a stigma to the former, or to do him an injury by rejecting him, unless he is fully convinced of his ineligibility. To do army medical Boards justice, however, I must say that when a civil examiner has established a character for carefulness, they are by no means arbitrary; for in the last three years I have on more than one occasion passed a recruit with a memorandum drawing attention to some imperfection which I considered would not militate against his efficiency, and in such case my opinion has never been overruled.

I am, Sir, your obedient servant,

March 1st, 1869. A CIVIL EXAMINER OF RECRUITS.

WE notice with satisfaction the growing disposition of magistrates to punish severely persons detected in sending diseased meat to the London market. At Guildhall, a butcher of Aylesworth, in Suffolk, was convicted a few days ago of an offence of this kind, and sent to prison for three months, with hard labour—a discipline which will, no doubt, admonish him never again to put faith in what we fear is a popular notion in country places—namely, that "anything will do for Londoners."

TREATMENT OF PEDICULI CAPITIS.

To the Editor of THE LANCET.

SIR,—Can any of your readers kindly suggest a remedy in the following case?

A lady patient of mine became, through some unexplained cause, infested with pediculi capitis. Carbolic-acid lotion at once destroyed the insects; but the ovisacs abound, clinging to almost every hair, and neither brushing nor shampooing will remove them. How can they be removed? Cutting the hair would be ineffectual, as the ova are not, of course, equidistant from the scalp.

I ought to mention that the lady is pregnant.

Your obedient servant,

March, 1869. E., M.D.

An Australian.—We have made inquiry, and find that the name mentioned is not in the list of members of the College of Surgeons of England, nor does it appear as that of a registered practitioner.

An Old Subscriber shall have his inquiry fully answered in an early number of THE LANCET.

INSATIABLE THIRST.

To the Editor of THE LANCET.

SIR,—I would advise that "C. J. C.'s" patient should refrain from swallowing large quantities of fluid, but be encouraged to keep the mouth moistened during the night by dipping the finger into a tumbler of fresh water, and applying it, drop by drop, to the tongue, the lips, the gums, and the palate occasionally, and by turns, as desirable. Sleep will come on, insensibly, after the refreshment. The mouth *must* be kept shut, and the patient should be accustomed to breathe through the nose.

Yours truly,

February 27th, 1869. BETA.

L.R.C.S. Ed.—No official confirmation has been given; but there is a general understanding that licentiates will be, for all purposes of the Act, regarded as apothecaries.

A Constant Reader.—No, not eligible. The Poor-law Board regard the L.F.P. & S. Glasgow as conferring the same right as does the M.R.C.S. Eng.

COST OF PATIENTS IN COTTAGE HOSPITALS.

To the Editor of THE LANCET.

SIR,—In an article on the "Hatfield Broad Oak Cottage Hospital" in your last impression, you say that the Report just issued by the Committee is of especial interest just now, from the evidence it affords of the enormous cost of small hospitals, the patients in this particular one having cost no less a sum than £9 5*s.* 1½*d.* per head. I beg to inform you that this sum is very much in excess of what it costs us in Tewkesbury. Taking a four years' average, it is as follows:—Number of patients, 188; average stay in hospital, 28·8 days; average cost per head, £2 18*s.* This sum includes food, fuel, lights, wages, printing &c., rates, rent (£16 per annum), medicines, surgical instruments, gratuity to secretary (£10), gratuity to nurse (£5).

Yours obediently,

D. DEVEREUX,

Tewkesbury, March 1st, 1869. Medical Officer, Tewkesbury Hospital.

Dr. Mark Long.—The Coroner has absolute discretion in the matter to which our correspondent refers; and although this discretion might often be more wisely exercised than it is, yet it is manifest that it could hardly be vested in any other person. In the case referred to, the omission to call medical evidence must have reduced the inquiry to a farce.

SURGICAL SOCIETY OF IRELAND.

To the Editor of THE LANCET.

SIR,—In your report in this morning's LANCET of the meeting of the Surgical Society of Ireland held on the 19th ultimo, it is stated that I "exhibited a section of a calculus under the microscope, composed of phosphate of lime and lithic acid;" whereas it should have been "oxalate of lime, with traces of lithic acid." Yours very truly,

B. WILLS RICHARDSON.

Royal College of Surgeons in Ireland, Dublin, Feb. 27th, 1869.

THE SICK CLUB QUESTION.

To the Editor of THE LANCET.

SIR,—In your journal of this day I see that an advertisement appears, asking for a medical officer for a Benefit Society here. Now, Sir, you will allow me to explain matters. The population here is 1700, and there are three medical men. We asked that the fee should be raised from 2*s.* 6*d.* to 4*s.* This the Club refused to give. I trust, for the credit and dignity of the profession, that no medical man will come forward to take the vacant post, at least at a less rate of remuneration than 4*s.*—Yours very truly,

Whitby, Yorkshire, Feb. 27th, 1869. DONALD MACRAE.

INCONTINENCE OF URINE IN CHILDREN.

To the Editor of THE LANCET.

SIR,—Perhaps some of your numerous correspondents may direct me how to treat the following case:—

D. T——, aged fourteen, has suffered from incontinence of urine during the last eight years. He is otherwise in good health; but his skin has a dry, chapped appearance. He wets his bed every night. I am satisfied that it is not caused by vermes in the rectum. I have prescribed tincture of muriate of iron during two months, and then changed it for liquor strychniæ. This I continued two months also. Not succeeding, I next had a trial of cantharides, and lastly of quinine. He is no better than at first.—Yours, &c.,

March, 1869. GAMMA.

CONICAL CORNEA.

ERRATUM.—In Mr. Spencer Watson's letter which appeared in our last impression, the word "and" was omitted between the word "ophthalmoscope" and the expression "oblique illumination." The sentence should have stood thus: "The ophthalmoscope and oblique illumination will give every needful information." Mr. Watson wishes to alter the expression "a side glance of the cornea," and to say that "in order to recognise conical cornea, in most cases nothing more is necessary than to obtain a profile view of the cornea."

COMMUNICATIONS, LETTERS, &c., have been received from — Mr. Paget Prof. Rolleston, Oxford; Dr. Letheby; Mr. B. W. Richardson, Dublin; Dr. Macnamara, Mansfield; Dr. Le Ville; Dr. Wallace, Cardiff; Dr. Black, Glasgow; Mr. Evans, Llanidloes; Dr. Carmichael, Burntisland; Mr. Wall, Cardiff; Mr. D. Macrae, Whitby; Mr. Goodman, Leeds; Mr. Kinglake; Dr. Lennox; Mr. Lucas; Mr. Gregory, Thurso; Mr. Morton, Brighton; Mr. Robinson; Mr. Knight, Rotherham; Mr. R. Smith; Dr. MacCormack, Southampton; Mr. Henry, Overton; Mr. Barnes; Mr. Carrie; Mr. Wilks, Charing; Dr. Griffith, St. Helens; Dr. Williams, Ferozepore; Mr. Harris; Mr. Haward, Egbaston; Mr. Brietzcke, Derby; Mr. Church; Mr. Hughes, Cleobury; Mr. Freeman; Mr. Marshall; Dr. Rhind, Knowles; Dr. Shiell; Mr. Curry, Allenheads; Mr. A. Farr; Mr. Walker, Canterbury; Mr. Wear; Rev. A. Foulkes; Mr. Smith, Dover; Dr. Canniff, Toronto; Mr. Webber; Mr. Green, Ingatestone; Mr. Simpson, Macclesfield; Mr. W. E. Poole; Dr. Harris; Mr. White, Ashbourne; Mr. Wheeler, Lisburn; Mr. Phillips; Mr. Hill, Croydon; Mr. Holland, Bath; Mr. Whalley; Mr. Newman, Rochford; Mr. Elam, Hythe; Mr. Bradford; Dr. Smith; Mr. Taylor, Sheffield; Dr. Higham, Kilham; Mr. Milward, Cardiff; Mr. Harrold; Mr. Batson, Chalk; Mr. Jones, Stoke Newington; Mr. Brown, Exeter; Mr. Macnab; Mr. Giles; Mr. Alsop, Uttoxeter; Mr. Earlam, Abbots Bromley; Dr. Wadd; Dr. Cronin, Queenstown; Mr. Clarke, Rochester; Dr. Wolfe, Glasgow; Mr. Remmington; Mr. Thomas; Mr. Hanbury; Mr. Rymer; Dr. Williams, Bangor; Mr. Ruttledge; Mr. Hardy, Carlisle; Dr. Palmer, Speenhamland; Dr. Sumpter, Cley-next-the-Sea; Dr. Williams, Norwich; Mr. J. H. Lloyd, Tiverton; Dr. Hall, Burton; Mr. Price; Mr. Rickards; Mr. Shine, Lee; Dr. Baylis, Birkenhead; Mr. Perkins; Dr. Burman, Exminster; Dr. Felce; Mr. Devereux, Tewkesbury; Mr. Pollard; Dr. Long; Mr. J. Birt, Stourbridge; Dr. Porteous, Liverpool; Dr. Clarke, Chasetown; Dr. Falconer, Bath; Mr. Wraith, Over Darwen; Messrs. Robinson, Wellgate; Mr. Perry; Dr. Crichton; Mr. W. F. Clarke; Miss Baker; Mr. C. J. Fox; Mr. Penfold; Mr. Serjeant; The Central Council of the International Working Men's Association; A Constant Subscriber; Ethnological Society of London; L.R.C.S. Ed.; ——, Melbourne; J. M., Sydney; J. D.; Subscriber; X. Y.; Galen; A Parisian Subscriber; Students; Medicus, Brighton; M. A., M.D.; Inquisitive; Medicus, Lytton; H. T.; A Civil Examiner of Recruits; J. D.; Bookseller; S. H.; M.A. Oxon; An Inquirer; Gorey; Z. Y. X.; Self-fitting Horse Shoe, Liverpool; D. G.; &c. &c.

Richmond and Louisville Medical Journal, Brighton Times, Alliance News, Yorkshire Express, Liverpool Albion, Newcastle Chronicle, Leeds Mercury, Manchester Daily Examiner, Melbourne Evening Star, Brighton Gazette, Bucks Herald, Giornale Italiano, Clerkenwell News, Queen's Messenger, Staffordshire Sentinel, Chicago Medical Times, Birmingham Daily Post, Melbourne Age, Scarborough Gazette, Gateshead Observer, Broad Arrow, Under the Crown, North and South Shields Gazette, and *London*, have been received.